

ESF 8 HAZARD-SPECIFIC ANNEX

Pandemic Influenza Response Plan

Version 17, October 2013

Record of Changes

Version No.	Description of Change	Date Entered	Posted By
15	Updated to reflect lessons learned from the spring H1N1 activation.	Oct-09	M. Loehr Preparedness Dir. PHSKC
16	Updated to reflect lessons learned from the fall H1N1 activation. Changes were made throughout the document, with substantive changes in the Responsibilities, Concept of Operations Sections and in the Attachments.	Dec-10	M. Loehr Preparedness Dir. PHSKC
17	Updated to reflect changes in the World Health Organization's doctrine and common terminology.	Oct-13	Michelle Dulaney

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Purpose

The Pandemic Influenza Response Plan for King County (Plan) provides guidance to Public Health – Seattle and King County (PHSKC) and regional partners regarding detection, response and recovery from an influenza pandemic. The Plan describes the unique challenges posed by a pandemic that may necessitate specific leadership decisions, response actions, and communications mechanisms. Specifically, the purpose of the plan is to:

- Define preparedness activities that should be undertaken before a pandemic occurs that will enhance the effectiveness of response measures.
- Describe the response, coordination and decision making structure that will incorporate PHSKC, the healthcare system in King County, other local response agencies, and state and federal agencies during a pandemic.
- Define roles and responsibilities for PHSKC, local healthcare partners and local response agencies during all phases of a pandemic.
- Describe public health interventions in a pandemic response and the timing of such interventions.
- Serve as a guide for local healthcare system partners, response agencies and businesses in the development of pandemic influenza response plans.
- Provide technical support and information on which preparedness and response actions are based.

During an influenza pandemic, PHSKC and regional partners will utilize the plan to achieve the following goals:

- Limit the number of illnesses and deaths.
- Preserve continuity of essential functions (government and business).
- Minimize social disruption.
- Minimize economic losses.

The plan will be coordinated with other PHSKC preparedness plans and activities, and will be coordinated with the plans of community, state and federal partners.

Scope

The Plan is an annex to Emergency Support Function 8 (Health, Medical and Mortuary Services) of the King County Emergency Management Plan, the City of Seattle Emergency Management Plan, and the Regional Disaster Coordination Framework. Emergency Support Function 8 and its annexes are referenced in the Plan as they provide a broad description of the responsibilities, authorities, and actions associated with public health emergencies.

The Plan primarily focuses on the roles, responsibilities, and activities of PHSKC and the command structure, Health and Medical Area Command (led by PHSKC) in preparing for and responding to an influenza pandemic. However, specific responsibilities for key response partners are included to highlight points of coordination between agencies during an influenza pandemic. It is expected that healthcare facilities and healthcare professionals, essential service providers, local government officials, and business leaders will develop and incorporate procedures and protocols addressing influenza preparedness and response activities into their emergency response plans.

This plan also addresses measures that would be taken to contain an outbreak of avian influenza virus in birds or other animal populations occurring in King County. Federal and state departments of agriculture

are primarily responsible for surveillance and control of influenza outbreaks in domestic animals, although agricultural control measures interface with public health actions to prevent transmission into humans. Attachment 8 to this plan identifies the roles and responsibilities of local, state and federal agencies in response to an avian influenza threat to King County.

Phases of a Pandemic

The World Health Organization (WHO) has developed a global influenza preparedness plan that includes a classification system for guiding planning and response activities for an influenza pandemic. This classification system is comprised of a continuum of four phases. The Director-General of WHO formally declares the current global pandemic phase and adjusts the phase level to correspond with pandemic conditions around the world. For each phase, the global influenza preparedness plan identifies response measures WHO will take, and recommends actions that countries around the world should implement.

Pandemic Phases	Definition ¹	WHO Actions ¹
Interpandemic Phase	This is the period between influenza pandemics	Support emergency risk management capacity development
Alert Phase	<p>This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase.</p> <p>If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur.</p>	<ul style="list-style-type: none"> • Conduct global risk assessment through IHR (2005) mechanisms • Provide advice to Member States • Activate support networks, advisory groups, partner networks • Deploy antivirals • Intensify regulatory preparedness
Pandemic Phase	<p>This is the period of global spread of human influenza caused by a new subtype.</p> <p>Movement between the interpandemic, alert and pandemic phases may occur quickly or gradually as indicated by the global risk assessment.</p>	<ul style="list-style-type: none"> • Scale response as indicated by the global risk assessment • Declare a pandemic • Provide continued support to affected Member States
Transition Phase	As the assessed global risk reduces, de-escalation of global actions may occur, and reduction in response activities or movement towards recovery actions by countries may be appropriate, according to their own risk assessments.	<ul style="list-style-type: none"> • Scale response as indicated by the global risk assessment • Consider the modification or termination of temporary measures and termination of a Public Health Emergency International Concern

¹Pandemic Influenza Risk Management: Interim Guidance (2013), pages 7-8

The King County Pandemic Influenza Response Plan acknowledges the WHO continuum of pandemic phases and, for each phase, identifies potential response measures. Each phase within the Plan is subdivided into two components, “affected” and “not affected” depending upon whether human infection is occurring within the local region. Appropriate preparedness and response measures are identified for each phase, with implementation based in part on whether King County is affected.

Pandemic Phases	Sub Phase
Interpandemic	This is the period between influenza pandemics (no sub phases).
Alert Phase	A. Local area is affected or has extensive travel / trade links with affected areas
	B. Not affected
Pandemic Phase	A. Local area is affected or has extensive travel / trade links with affected areas
	B. Not affected
Transition Phase	A. Subsided
	B. Not affected

Situation Overview

Seasonal influenza epidemics recur yearly due to subtypes of influenza that circulate worldwide. According to the Centers for Disease Control (CDC), these epidemics are responsible for an average of 3,000 to 49,000 deaths annually in the United States. Seasonal influenza primarily impacts those in the community with weaker immune responses (the very young, old and chronically ill) since most people develop some degree of immunity to the viruses through annual illness or vaccine. This immune response helps protect from the serious consequences of influenza. Influenza pandemics, however, are distinct from seasonal influenza epidemics and represent one of the greatest potential threats to the public's health. Pandemic influenza refers to a worldwide epidemic due to a new, dramatically different strain of influenza virus. A pandemic virus strain can spread rapidly from person to person and, if severe, can cause high levels of disease and death around the world. Pandemic severity, based on mortality rates, is classified by the federal government according to a Pandemic Severity Index, ranging from mild to severe. In addition, a pandemic virus may have a low to moderate overall case fatality rate yet have higher case-fatality rates in certain subgroups in the population. These considerations should inform pandemic response measures in real-time to the extent possible.

Pandemic viruses develop in two main ways. First, wild birds are the reservoir for all influenza viruses. Most avian influenza viruses do not infect or cause significant disease in humans. However, new pandemic influenza viruses can arise when avian influenza viruses acquire the ability to infect and cause disease in humans, and then spread rapidly from person to person. Second, all influenza viruses experience frequent, slight changes to their genetic structure over time. This necessitates a change in annual vaccines to protect against seasonal influenza. Occasionally, however, influenza viruses undergo a major change in genetic composition through the combination of an avian and human virus.

The creation of a novel virus means that most, if not all, people in the world will have never been exposed to the new strain and have no immunity to the disease. It also means that new vaccines must be developed and therefore are not likely to be available for months, during which time many people could become infected and seriously ill.

During the last century, four influenza pandemics occurred that spread worldwide within a year. The influenza pandemic of 1918 was especially virulent, killing a large number of young, otherwise healthy adults. It is now known that this pandemic was caused by an avian influenza virus that suddenly developed the ability to infect humans and to easily spread from person to person. The pandemic caused more than 500,000 deaths in the United States and more than 40 million deaths around the world. Subsequent pandemics in 1957-58 and 1968-69 caused far fewer fatalities in the U.S., 70,000 and 34,000 deaths respectively, but caused significant morbidity and mortality around the world. These two pandemics were caused by an influenza virus that arose from genetic reassortment between human and avian viruses. According to the CDC, there were approximately 12,470 H1N1 deaths in the United States between 2009-2010. However the pandemic will likely fall into the lowest pandemic severity category.

The Department of Health and Human Services estimates that in the U.S. alone, an influenza pandemic could infect up to 200 million people and cause between 200,000 and 2 million deaths (2005). The worldwide public health and scientific community is increasingly concerned about the potential for a pandemic to arise from the widespread and growing avian influenza A (H5N1) outbreak across several continents.

Table 1. Estimated number of Episodes of Illness, Healthcare Utilization, and Deaths Associated with Moderate and Severe Pandemic Influenza Scenarios for the US Population and King County ^{1,2}

Characteristic	Moderate (1958/68–like)		Severe (1918 – like)	
	US	King County	US	King County
Illness	90 Million	540,000	90 Million	540,000
Outpatient Care	45 million	270,000	45 million	270,000
Hospitalization	865,000	5,190	9,900,000	59,400
ICU Care	128,750	773	1,485,000	8,910
Mechanical Ventilation	64,875	389	742,500	4,455
Deaths	209,000	1,254	1,903,000	11,418

¹ Estimates are based on extrapolation from past pandemics in the US, and do not include the potential impacts of interventions not available during the 20th Century pandemics.

² The calculations used to determine the figures in Table one are based on the following assumptions:

- King County accounts for 0.6% of the total US population.
- Susceptibility to the pandemic influenza subtype will be universal.
- The clinical disease attack rate will be 30% in the overall population. Illness rates will be highest among school-aged children (about 40%) and decline with age. Among working adults, an average of 20% will become ill during a community outbreak.
- Of those who become ill with influenza, 50% will seek outpatient medical care.

There are several characteristics of an influenza pandemic that differentiate it from other public health emergencies. First, it has the potential to suddenly cause illness in a very large number of people, who could easily overwhelm the healthcare system throughout the nation. A pandemic outbreak could also jeopardize essential community services by causing high levels of absenteeism in critical positions in every workforce. It is likely that vaccines against the new virus will not be available for six to eight months following the emergence of the virus. Basic services, such as healthcare, law enforcement, fire, emergency response, communications, transportation, and utilities, could be disrupted during a pandemic. Finally, the pandemic, unlike many other emergency events, could last for several weeks, if not months.

Key Pandemic Preparedness and Response Principles Addressed in this Plan

- A. Develop countywide disease surveillance programs, coordinated with state and federal efforts, to detect pandemic influenza strains in humans and animals.
 1. Global surveillance networks identify circulating influenza strains, including novel strains that have the potential for causing a pandemic outbreak among domestic animals and persons in several countries.

2. A heightened local surveillance system, coupled with state, national and international surveillance efforts and laboratory testing, serves as an early warning system for potential pandemics and a critical component of pandemic response plans.
 3. Local surveillance during a pandemic outbreak provides important information regarding the severity of disease, characteristics of the affected population, and impacts on the healthcare system.
- B. Ensure mass vaccination plans and protocols are in place to rapidly administer vaccine and monitor vaccine effectiveness and safety.
1. When a pandemic virus first emerges vaccine will not be available for six months or more.
 2. Demand for vaccine may significantly exceed supply during the pandemic, and may not be available at all for the first several months. Therefore, priority groups must be established by Public Health – Seattle & King County (PHSKC), based on national recommendations from the Department of Health and Human Services (HHS) and in collaboration with The Washington Department of Health, to provide guidance regarding the use of vaccine in King County when supplies become available. During a pandemic, however, PHSKC will consider national guidelines and local epidemiological data to adjust and finalize priority groups as necessary.
 3. As vaccine supplies increase, PHSKC will coordinate with healthcare providers and other partners to vaccinate the entire county population.
 4. PHSKC, in collaboration with community based organizations, healthcare providers, and the media, will work to assure that residents best reached through non-traditional forms of communication will have access to vaccine information.
- C. Establish guidelines for the utilization of antiviral medications by medical staff for treatment and prevention of influenza.
1. Antiviral medications can both prevent and treat influenza infection. Prophylaxis of health care providers can be either post-exposure (likely necessitating repeated courses over the duration of a pandemic) or outbreak-long (continue throughout the period of exposure, possibly weeks to months). Treatment can decrease the severity of illness and resulting complications of infection. For optimal impact, treatment needs to be started as soon as possible and within 48 hours of the onset of illness.
 2. The current supply of influenza antiviral medications accessible to King County is capable of treating approximately 30% of the entire resident county population, based on one treatment course per person.
 3. Educating physicians, nurses, and other healthcare workers before and during the pandemic on the appropriate use of antiviral drugs will be important to maximize the effective use of antiviral medications.
 4. Local protocols for prioritizing the use of antiviral medicines will be developed by PHSKC in consultation with the Washington Department of Health, and will incorporate federal guidelines from the Centers for Disease Control (CDC).
 5. PHSKC will work with healthcare providers and community based organizations to ensure that those targeted for antiviral medications that can not afford to pay will have access to antivirals.
- D. Develop capabilities to implement non-medical measures to decrease the spread of disease throughout King County as guided by the epidemiology of the pandemic.

1. Emphasizing infection control measures in healthcare facilities, including hospitals, out-patient care settings and long-term care facilities, as well as workplaces, other community settings and the home can limit the spread of influenza among high-risk populations and healthcare workers.
 2. Voluntary isolation of ill persons either in a healthcare facility or at home is an infection control measure that will be implemented throughout all stages of a pandemic.
 3. Due to the fact that influenza is highly infectious and can be transmitted by people who appear to be well, quarantine of exposed individuals may be a viable strategy for slowing the spread of the disease in the community only during the first stages of a pandemic.
 4. Social distancing measures such as limiting public gatherings and closing schools, colleges, universities, large child care centers, libraries, houses of worship, stadiums, and recreational facilities are intended to decrease opportunities for close contact among persons in the community, thereby decreasing the potential for influenza transmission among people and possibly slowing the spread of a pandemic. Decision makers must consider the scope of their legal authorities, social and economic impacts, anticipated effectiveness and current epidemiology of the pandemic prior to implementing these measures.
 5. During a pandemic, PHSKC may recommend that people use public transportation only for essential travel, or use alternative means of transportation if available. There is no intention to restrict or close public transportation systems, other than partial service reductions necessary due to a potential shortage of drivers or limitations on fuel supply.
 6. PHSKC will work in collaboration with the Healthcare for the Homeless Network (HCHN) to assure planning includes strategies to reduce the spread of illness in congregate settings serving homeless persons where challenges to social distancing exist.
 7. PHSKC will work with healthcare providers to consider the implementation of visitor guidelines at healthcare facilities to minimize unnecessary exposure.
- E. Assist local healthcare system partners, response agencies, elected leaders, the business community, and community based organizations with pandemic preparedness planning aimed at maintaining the provision of healthcare services, addressing a potential surge in patients, sustaining essential community services, and limiting the spread of disease throughout the duration of a pandemic.
1. An influenza pandemic may place a substantial burden on inpatient, outpatient and home based healthcare services. Demands for medical supplies, equipment, and treatment may exceed available resources for an extended period of time.
 2. Strategies to address an increase in demand for healthcare services during a pandemic include deferring elective procedures, implementing more stringent criteria for admission, creating alternate triage locations, opening alternate care facilities, and providing additional call center capabilities to address patients needing care and people seeking information.
 3. As demands for healthcare resources and services increase sharply, illness and absenteeism among healthcare workers will further strain the ability to provide quality care.
 4. Absenteeism during a pandemic among critical infrastructure agencies, first response agencies, businesses, and community based organizations must be accounted for in business continuity plans.
 5. Training and technical support will be provided by PHSKC and other agencies to healthcare organizations and community based organizations serving vulnerable populations to help assure they are able to sustain their critical services and assist the clients they serve in their preparedness efforts.

- F. Communicate with and educate the public, healthcare providers, business community, local government and the media about the consequences of an influenza pandemic and what each person can do to prepare.
 1. Influencing public behavior toward basic infection control measures (hand washing, using alcohol hand gel, respiratory etiquette, staying home when sick, and avoiding unnecessary contact with other persons during a pandemic) will be a key factor in limiting the spread of influenza during a pandemic.
 2. Communicating clear, concise and accurate information about influenza, the course of the pandemic, and response activities will increase awareness, limit public panic and speculation, and sustain confidence in the public health system, utilizing the PHSKC website, Public Information Call Center, Community Communication Network, and social media tools.
 3. Ensure information is translated according to PHSKC translation policy.
 4. Providing technical assistance to public, private and non-profit sector organizations on business continuity planning and social distancing in the workplace will enhance community preparedness.

Planning Assumptions

The ability of ESF 8 agencies to respond to an influenza pandemic is dependent upon the scope and severity of the event and the status of the preparedness and organizational response capabilities. With these factors in mind, a response must account for the following:

- Planning will focus on a severe influenza pandemic resulting in the rapid spread of the infection with outbreaks throughout the world. Communities across the state and the country may be impacted simultaneously. However, because it is not possible to predict in advance the severity and impact of a future pandemic, response plans must be re-evaluated and recalibrated if necessary in response to the actual epidemiological features, including case fatality rate and differential impacts on subgroups of the population.
- There will be a need for heightened global, national and local surveillance.
- Birds with an avian influenza strain may arrive and cause avian outbreaks in King County prior to the onset of human cases, significantly impacting domestic poultry, wild and exotic birds, and other species [*Note: Response protocols for avian influenza outbreaks are contained in Attachment 8 of this plan*].
- Current World Health Organization pandemic phases do not take into account severity of illness, so actions triggered by WHO pandemic phases will need to be flexible depending on the severity observed locally and nationally.
- King County will not be able to rely on mutual aid resources, State or Federal assistance to support local response efforts.
- Antiviral medications will be in extremely short supply. Local supplies of antiviral medications may be prioritized by PHSKC for use in hospitalized influenza patients, healthcare workers providing care for patients, and other priority groups based on current national guidelines and in consultation with the Washington Department of Health (DOH).
- Ensure access to antiviral medications and vaccines for those who cannot afford to pay.
- A vaccine for the pandemic strain will likely not be available for 6 to 8 months following the emergence of a novel virus.
 - As vaccine becomes available, it will be distributed and administered by PHSKC based on current national guidelines and in consultation with Washington DOH.

- Insufficient supplies of vaccines and antiviral medicines will place greater emphasis on social distancing, infection control, and public education to control the spread of the disease in the county.
- A mild pandemic may not generate patient loads sufficient to exceed capacity of local healthcare facilities and sectors. However, public demand for lab testing, vaccine, antiviral medications and health information may overwhelm day-to-day local public health and healthcare systems, providers and facilities. This may necessitate activation of specific medical surge plans.
- The number of ill people requiring outpatient medical care, hospitalization and home care could overwhelm the local healthcare system.
 - Healthcare facilities and providers may need to modify their operational structure to respond to high patient volumes and maintain functionality of critical systems.
 - The healthcare system may have to respond to increased demands for service while the medical workforce experiences 25-35% absenteeism due to illness.
 - Resource management and conservation strategies may need to be implemented.
 - Infection control measures specific to management of influenza patients will need to be developed and implemented at healthcare facilities and for those providing care in the home.
 - PHSKC may need to implement alternate care facilities to relieve demand on inpatient and outpatient facilities in order to care for persons not ill enough to merit hospitalization but who cannot be cared for at home.
 - Emergency Medical Service responders may face extremely high call volumes for several weeks, and may face 25% - 35% reduction in available staff.
 - The number of fatalities experienced during the first few weeks of a pandemic could overwhelm the resources of the Medical Examiner's Office, hospital morgues, and funeral homes.
 - The demand for social services may increase dramatically.
- There could be significant disruption of public and privately owned critical infrastructure including transportation, commerce, utilities, public safety, agriculture and communications.
- Social distancing strategies aimed at reducing the spread of infection such as closing schools, community centers, and other public gather points and canceling public events may be implemented during a pandemic.
- Some persons will be unable or unwilling to comply with isolation directives. For others, social distancing strategies may be less feasible (for example, homeless populations who live or are sheltered in congregate settings). It will be important to develop and disseminate strategies for infection control appropriate for these environments and populations.
- It will be important to coordinate pandemic response strategies throughout counties in the Puget Sound area and the State due to the regional mobility of the population.
- The general public, healthcare system, response agencies, and elected leaders will need continuous updates on the status of the pandemic outbreak, impacts on critical services, the steps Health and Medical HMAc are taking to address the incident, and steps response partners and the public can take to protect themselves.

Authorities

Various state and local public officials have overlapping authorities with regard to protecting public health and safety. The Governor, the State Board of Health, the State Secretary of Health, the County Executive, the local Board of Health, the executive heads of cities and towns, and the Local Health Officer each can implement authorities within the scope of their jurisdiction aimed at protecting public health, including

increasing social distancing by closing public or private facilities. During a pandemic, the presence of overlapping authorities will necessitate close communication and coordination between elected leaders and the Local Health Officer to ensure decisions and response actions are clear and consistent.

A. Governor of Washington State

The Governor has authority to proclaim a state of emergency after finding that a disaster affects life, health, property, or the public peace. RCW 43.06.010(12). The Governor may assume direct operational control over all or part of local emergency management functions if the disaster is beyond local control. RCW 38.52.050. After proclaiming a state of emergency, the Governor has the authority to restrict public assembly, order periods of curfew, and prohibit activities that he or she believes should be prohibited in order to maintain life and health. RCW 43.06.220.

B. State Board of Health

The State Board of Health has authority to adopt rules to protect the public health, including rules for the imposition and use of isolation and quarantine and for the prevention and control of infectious diseases. RCW 43.20.050(2). Local boards of health, health officials, law enforcement officials, and all other officers of the state or any county, city, or town shall enforce all rules that are adopted by the State Board of Health. RCW 43.20.050(4).

C. The State Secretary of Health

The Secretary of Health shall enforce all laws for the protection of the public health, and all rules, regulations, and orders of the State Board of Health. RCW 43.70.130(3). The Secretary also shall investigate outbreaks and epidemics of disease and advise Local Health Officers about measures to prevent and control outbreaks. RCW 43.70.130(5). The Secretary shall enforce public health laws, rules, regulations, and orders in local matters when there is an emergency and the local board of health has failed to act with sufficient promptness or efficiency, or is unable to act for reasons beyond its control. RCW 43.70.130(4). The Secretary has the same authority as local health officers but will not exercise that authority unless: (a) the Local Health Officer fails or is unable to do so; (b) by agreement with the Local Health Officer or local board of health; or (c) when in an emergency the safety of the public health demands it. RCW 43.70.130(7).

D. King County Executive

The King County Executive may proclaim a state of emergency within the County when, in the judgment of the Executive, extraordinary measures are necessary to protect public peace, safety and welfare K.C.C. 12.52.030.A. Under a state of emergency, the Executive may impose curfews, close any or all private businesses, close any or all public buildings and places including streets, alleys, schools, parks, beaches and amusement areas, and proclaim any such orders as are imminently necessary for the protection of life and property K.C.C. 12.52.030.B.

E. King County Board of Health

The jurisdiction of local Board of Health is coextensive with the boundaries of the county. RCW 70.05.035. The local Board of Health shall supervise all matters pertaining to the preservation of the life and health of the people within its jurisdiction. RCW 70.05.060. The Board shall enforce through the Local Health Officer the public health statutes of the state and the rules promulgated by the State Board of Health and the Secretary of Health. RCW 70.05.060(1). The Board may also enact such local rules and regulations as are necessary to preserve and promote the public health and to provide the enforcement of those rules and regulations. RCW 70.05.060(3).

F. Mayor of Seattle

The Mayor of Seattle may proclaim a state of civil emergency within the City when, in the judgment of the Mayor, extraordinary measures are necessary to protect public peace, safety and welfare. SMC 10.02.010.A. Under a state of civil emergency, the Mayor may impose curfews, close any or all business establishments, close any or all public buildings and places including streets, alleys, schools, parks, beaches and amusement areas, direct the use of all public and private health, medical and convalescent facilities and equipment to provide emergency health and medical care for injured persons, and proclaim any such orders as are imminently necessary for the protection of life and property. SMC 10.02.020.

G. Suburban City Executive Heads

Each political subdivision is authorized to exercise emergency functions. RCW 38.52.070. Suburban cities throughout King County may have explicit emergency powers and authorities in their municipal codes.

H. Local Health Officer

The Local Health Officer acts under the direction of the local Board of Health. RCW 70.05.070. The Local Health Officer enforces the public health statutes, rules and regulations of the state and the local Board of Health. RCW 70.05.070(1). The Local Health Officer has the authority to control and prevent the spread of any dangerous, contagious or infectious diseases that may occur within his or her jurisdiction. RCW 70.05.070(3). The Local Health Office may have the following responsibilities:

1. The Local Health Officer shall, when necessary, conduct investigations and institute disease control measures, including medical examination, testing, counseling, treatment, vaccination, decontamination of persons or animals, isolation, quarantine, and inspection and closure of facilities. WAC 246-100-036(3). The Local Health Officer may initiate involuntary detention for isolation and quarantine of individuals or groups pursuant to provisions of state regulations. WAC 246-100-040 through -070.
2. The Local Health Officer has the authority to carry out steps needed to verify a diagnosis reported by a healthcare provider, and to require any person suspected of having a reportable disease or condition to submit to examinations to determine the presence of the disease. The Local Health Officer may also investigate any suspected case of a reportable disease or other condition if necessary, and require notification of additional conditions of public health importance occurring within the jurisdiction. WAC 246-101-505(11).
3. The Local Health Officer shall establish, in consultation with local healthcare providers, health facilities, emergency management personnel, law enforcement agencies, and other entities deemed necessary, plans, policies, and procedures for instituting emergency measures to prevent the spread of communicable disease. WAC 246-100-036(1).

4. The Local Health Officer may take all necessary actions to protect the public health in the event of a contagious disease occurring in a school or day care center. Those actions may include, but are not limited to, closing the affected school, closing other schools, ordering cessation of certain activities, and excluding persons who are infected with the disease. WAC 246-110-020(1). Prior to taking action, the Local Health Officer shall consult with the State Secretary of Health, the superintendent of the school district or the chief administrator of the day care center, and provide them and their board of directors a written decision directing them to take action. WAC 246-110-020 (2).
5. The Local Health Officer's powers are not contingent on a proclamation of emergency by the county Executive or an executive head of a city or town.

Responsibilities

A. Public Health- Seattle & King County (PHSKC)/Health and Medical Area Command (HMAC)

1. Facilitate countywide pandemic planning and preparedness efforts.
2. Coordinate the community's emergency public health response through Emergency Support Function 8 (Health, Medical, and Mortuary Services) and the Regional Disaster Coordination Framework.
3. Provide trainings for HMAC staff and responders on their role and topics such as ICS, HMAC operations, WATrac, and ESF 8 plan and functional annexes.
4. Educate the public, healthcare system partners, response partners, businesses, schools, child care centers, community based organizations and elected leaders about influenza pandemics, expected impacts and consequences, and preventive measures (*Reference: Emergency Communication Plan*).
5. Provide training and technical support to local agencies, community based organizations, and government entities serving vulnerable populations to assist their preparedness planning.
6. Conduct county-wide surveillance to track the spread of the human disease and its impact on the community. Through liaison with agriculture and wildlife agencies, facilitate influenza surveillance in animals in King County and monitor surveillance data (*Reference: Surveillance and Epidemiology Response Plan*).
7. Identify and declare diseases of public health significance, and communicate such declarations to health system partners.
8. Establish a common set of operational objectives and implementation strategies (Incident Action Plan) for the countywide health and medical response.
9. Jointly coordinate the accuracy and dissemination of health and medical information to the public through a Joint Information System.
10. Coordinate medical resource ordering and management through the HMAC Command Center.
11. Ensure the collection and development of situational awareness information for the health and medical response (*Reference: Health and Medical Area Command Procedures Manual*).
12. Coordinate planning for and implementation of disease containment strategies and authorities.
13. Provide ongoing technical support within established expectations to the healthcare system including current surveillance guidelines, recommendations for clinical case management, infection control measures and laboratory testing.
14. Through the Northwest Healthcare Response Network, support the healthcare system's planning and response efforts for medical surge capacity including mass casualty and mass fatality incidents (*Reference: Region 6 Hospital Emergency Preparedness and Response Plan*).

15. Support the development and management of local antiviral medication stockpiles (*Reference: Strategic National Stockpile Plan*).
16. Develop and implement protocols for the use of limited supplies of influenza vaccine and antiviral medicines consistent with national guidelines and in consultation with the Washington DOH.
16. In conjunction with hospitals, healthcare providers, pharmacies and commercial vaccinators, develop plans to direct distribution and administration of vaccine accounting for vaccine supply levels ranging from extremely constrained to abundant.
17. Provide effective communications to the public, the media, elected officials, healthcare providers, business and community leaders throughout public health emergencies.
18. Direct specific operational components of the health and medical response including the activation and management of alternate care facilities and activation of medical call center and web-based information management systems (WATrac).
19. Collect information from healthcare system and provide situational awareness on the status of the health and medical response and the functionality of the healthcare system.
20. Manage and prioritize medical resource distribution.

B. Multi-agency Coordinating (MAC) Group

1. Provide policy-level guidance and establish overall direction and priorities for the health, medical and mortuary response across King County. The following parties within the King County healthcare system will participate on the MAC:
 - Local Health Officer
 - See responsibilities outlined under Authorities, Section H.
 - Northwest Healthcare Response Network Executive Council
 - Comprised of chief executives from the healthcare systems.
 - Informs and advises the Local Health Officer on issues and resource needs within the healthcare system.
 - EMS Medical Directors
 - Comprised of the EMS Medical Directors for King County and the City of Seattle.
 - Direct the implementation of response protocols for all paramedics and Emergency Medical Technicians in King County.
 - Direct the implementation of the Emergency Medical Services Infectious Disease Response Plan, September 2009.
 - King County Medical Examiner
 - Directs the county-wide response to mass fatalities events.
 - Maintains legal authorities governing the identification, transportation and final disposition of human remains during mass fatalities events.
 - MAC Coordinator
 - Develop briefing materials and communications for MAC Group
 - Facilitate conference calls and in-person meetings
2. An organizational structure utilizing Area Command and MAC to lead the health and medical response across King County will ensure that each agency involved in the response is aware of the plans, actions and constraints of all others. No agency participating under HMAC will compromise their legal authorities or requirements. Participating agencies will minimize

inefficiency and duplication of effort, improve information flow, and combine efforts toward achieving a single set of response objectives.

C. Local Hospitals, Clinics, Providers and other Health System Partners

1. During a pandemic, all efforts will be employed to sustain the functionality of the healthcare system while maintaining an acceptable level of medical care. In order to accomplish this, healthcare system partners may need to:
 - Limit the provision of healthcare services to patients with urgent, health problems.
 - Take steps to increase healthcare system capacity for patients who would normally require inpatient care.
 - Mobilize, reassign and deploy staff within and between healthcare facilities to address critical shortfalls.
 - Implement patient triage and resource management processes.
 - Provide alternative mechanisms for patients to address non-urgent healthcare needs such as telephone and internet-based consultation.
2. Maximize the healthcare system's ability to provide medical care during a pandemic by working with the Northwest Healthcare Response Network. Specific steps include:
 - Identify and prioritize response issues and resources affecting the county-wide health system during a pandemic.
 - Develop mechanisms to efficiently share information and resources between the healthcare system and HMAAC and relevant emergency operations centers, as appropriate. Centralize and consolidate requests as needed.
 - Through the Multi Agency Coordinating Group, coordinate with the Local Health Officer regarding policy level decisions affecting the operations of healthcare system.
 - Assure that healthcare professionals receive relevant communications from HMAAC in a timely and efficient manner.
3. Hospitals and other healthcare facilities will develop pandemic response plans consistent with the healthcare planning guidance contained in the Health and Human Services Pandemic Influenza Plan. Healthcare facility pandemic response plans will address medical surge capacity and resource management and conservation to sustain healthcare delivery and communication capabilities when routine systems are overwhelmed.
4. Hospitals will screen and may limit individuals from entering the hospital. Attachment 9: Regional Guideline for Development of Hospital Visitor Policies for Influenza contains more information on visitor policies.
5. Healthcare facilities and healthcare providers will participate in local influenza surveillance activities.
6. Hospitals will develop infection control plans to triage and isolate infectious patients and protect staff from disease transmission.

D. State Department of Health (DOH)

1. Coordinate statewide pandemic planning and preparedness efforts.
2. Coordinate statewide surveillance activities.

3. Operate a CDC Laboratory Response Network public health reference laboratory for novel influenza virus testing.
4. Coordinate submission of pandemic epidemiological data to CDC and dissemination of statewide data and situation updates to local health jurisdictions.
5. Provide state assistance, when available, and request federal assistance to support the local health and medical response.
6. Receive antiviral medicines and other medical supplies from the Strategic National Stockpile (SNS) and immediately deploy these supplies to local health departments based on population.
7. Educate and inform the public on the course of the pandemic and preventive measures.

E. Department of Health and Human Services (HHS)

1. Provide overall guidance on pandemic influenza planning within the United States.
2. Coordinate the national response to an influenza pandemic.
3. Provide guidance and tools to promote pandemic preparedness planning and coordination for States and local jurisdictions.
4. Provide guidance to state and local health departments regarding prioritization of limited supplies of antiviral medications and vaccines.

F. Centers for Disease Control and Prevention (CDC)

1. Conduct national and international disease surveillance.
2. Serve as a liaison to the WHO.
3. Develop reference strains for vaccines and conduct research to understand transmission and pathogenicity of viruses with pandemic potential.
4. Develop, evaluate, and modify disease control and prevention strategies.
5. Lead for recommendations regarding administration of pandemic vaccine and guidance for implementation of vaccination programs; monitor vaccine safety.
6. Investigate pandemic outbreaks; define the epidemiology of the disease.
7. Monitor the nation-wide impact of a pandemic.
8. Coordinate the stockpiling of antiviral drugs and other essential materials within the Strategic National Stockpile.
9. Activate the SNS when the WHO declares a state of alert and deploy antiviral supplies to each state.
10. Coordinate the implementation of international – U.S. travel restrictions.
11. Under federal authority, implement isolation, quarantine and social distancing measures on tribal lands, as needed.

G. World Health Organization (WHO)

1. Monitor global pandemic conditions and provide information updates.
2. Facilitate enhanced global pandemic preparedness, surveillance, vaccine development, and health response.
3. Provide international guidance on responding to the situation. Declare global pandemic phase and adjust phases based on current outbreak conditions.

Specific Responsibilities of PHSKC Divisions and Sections

A. Director and Local Health Officer (Local Health Officer)

1. Communicate and coordinate directly with the King County Executive, executive heads of cities and towns, Local Board of Health, and the healthcare executives regarding pandemic preparedness and response activities.
2. Coordinate directly with MAC participants and make decisions regarding strategies, thresholds and methods for reallocating resources and temporary restructuring of healthcare system operations in response to a pandemic.
3. Authorize and communicate public health directives regarding social distancing strategies and other protective actions to elected leaders, the business community, schools, healthcare facilities and other partners.
4. Assign responsibilities to PHSKC staff for planning and responding to the pandemic.
5. Ensure business continuity of critical PHSKC functions during all phases of the pandemic (i.e. Jail Health healthcare services, King County Medic One, MEO).
6. Direct isolation and quarantine of individuals and groups, as needed, based on recommendations from the Chief, Communicable Disease Epidemiology and Immunization Section.

B. Public Information Officer (PIO)

1. Develop key public education and information messages addressing potential consequences and response measures at all phases of a pandemic.
2. Provide accurate, timely information to the public regarding preparations for a pandemic, the impacts of the outbreak, local response actions and disease control recommendations.
3. Educate the public on how they can protect themselves from becoming infected and infecting others.

C. Communicable Disease Epidemiology and Immunization Section (CD-EPI)

1. Carry out countywide surveillance, epidemiological investigation and disease control activities.
2. Provide information and technical support on surveillance, epidemiology and clinical issues, including case identification, laboratory testing, treatment guidelines, and infection control to healthcare providers and facilities.
3. Provide guidance on local use of pandemic vaccine, including interpretation of federal guidelines on vaccine use.
4. Collaborate with Preparedness Section on implementation of community-wide vaccination strategy.
5. Make decisions regarding the need for individual and group isolation and quarantine.
6. Work with the PHSKC PIO to develop and disseminate risk communications messages to the public.
7. Provide recommendations to the Local Health Officer regarding measures to sustain the functionality of the local healthcare system.
8. Advise the Local Health Officer regarding the need for and potential consequences of social distancing measures.
9. Coordinate receipt of vaccines in conjunction with the Chief of Pharmacy, and develop strategies for storage, distribution and allocation of vaccines among healthcare system partners.

10. Develop protocols for prioritizing limited supplies of antiviral medicines and vaccines in King County.

D. Preparedness Section

1. Lead pandemic planning and preparedness efforts for PHSKC in conjunction with local, state and federal response partners.
2. Conduct training, drills and evaluated exercises to enhance PHSKC's readiness to respond to a pandemic.
3. Coordinate planning and response activities with the Northwest Healthcare Response Network, healthcare providers, the Communicable Disease Epidemiology and Immunization Section (CD-EPI) and Community Health Services Division.
4. Coordinate activation and management of the Health and Medical HMAC Center.
5. Advise the Local Health Officer regarding the potential social and economic impacts of social distancing measures, and the extent to which implementation of such measures is feasible.
6. Coordinate department-wide business continuity efforts specific to the potential impacts of a pandemic.
7. Activate and direct the management of a regional call centers focused on providing health information and medical triage information to the public.
8. Activate and direct the management of alternate care facilities.
9. Receive, manage and distribute medications, antivirals, personal protective equipment, and other medical materials as part of Strategic National Stockpile activation.
10. Incorporate all PHSKC divisions, pharmacies, healthcare providers, commercial vaccinators and other partners into mass dispensing and mass vaccination response activities.
11. Through the Vulnerable Populations Action Team, in coordination with emergency managers and other governmental agencies, provide culturally appropriate technical assistance and training to local agencies, community based organizations, faith-based organization and large informal networks serving vulnerable populations.

E. Community Health Services Division

1. Participate in planning activities focused to develop capacity for community-based influenza evaluation and treatment clinics.
2. Lead efforts with community partners to manage a client care call center (Isolation and Quarantine Response Center).
3. Develop infection control plans for PHSKC sites, with technical assistance from the CD-EPI Section, to protect staff and clients.
4. The Healthcare for the Homeless Section, with assistance from the Preparedness Section and Vulnerable Populations Action Team, will help coordinate countywide pandemic planning, education and outreach efforts with homeless service agencies. Please see Attachment 10: Influenza Recovery Center for Homeless Persons contains more information on procedures for establishing a shelter for homeless persons.
5. Provide technical assistance to licensed child care centers regarding preparedness for pandemic influenza.

F. Medical Examiner's Office

1. Lead mass fatality planning and response efforts.

2. Coordinate mass fatality planning and response with hospitals, funeral homes in conjunction with the Northwest Healthcare Response Network.
3. Incorporate funeral home directors into planning efforts for pandemic response.
4. In conjunction with community partners coordinate planning and development of victim assistance centers.
5. Coordinate with the CD-EPI Section on surveillance for influenza deaths.

G. Emergency Medical Services Division

1. Facilitate pandemic planning and response activities with countywide EMS providers, 911 dispatch centers and Hospital Control (Harborview Medical Center).
2. Develop protocols for maintaining critical EMS response capability during a pandemic generating high call volumes and reducing available EMS resources.

H. Environmental Health Services Division [See Attachment 8]

1. Assist in surveillance for animal influenza viruses through liaison with the State Departments of Agriculture and Fish & Wildlife.
2. Work with the PHSKC PIO to develop and disseminate risk communications messages to the public concerning zoonotic influenza virus transmission, food safety, and animal waste disposal issues.

I. All Divisions and Sections

1. Identify mission critical functions that must be maintained during all hazards including a pandemic (*Reference: Business Continuity Plan*).
2. Identify staff who can be cross trained to perform emergency response functions.
3. Identify functions that could be temporarily discontinued or performed via telecommuting for several weeks.
4. Be prepared to mobilize all necessary staff to support the PHSKC pandemic influenza response, as directed by the PHSKC Incident Commander.

Concept of Operations

A. Overview

1. In partnership with the Northwest Healthcare Response Network, PHSKC will develop strategies for:
 - Preparing the healthcare system response during a pandemic and other public health emergencies;
 - Assuring the most effective use of available healthcare system resources during health emergencies; and
 - Advising the Local Health Officer regarding the impacts of the pandemic on the healthcare system, on the need for changes in healthcare system operations to respond to the pandemic, and on strategies to implement necessary changes.

2. PHSKC will authorize the acquisition of state or federal medical resources in support of healthcare system partners.
3. PHSKC will coordinate response actions with the Washington DOH and neighboring local health jurisdictions.
4. PHSKC's response actions will emphasize disease surveillance and investigation, social distancing measures to reduce the spread of infection, implementing alternate care facilities if needed, provision of antiviral medicines and vaccine to eligible populations, and providing frequent communication and education messages to the public about the pandemic, the public health response, and steps the public can take to reduce the risks of infection.
5. Throughout a pandemic, the PHSKC Chief of Staff, Chief of the CD-EPI Section, Director of Public Health Preparedness, Public Health Veterinarian and the Public Information Officer will advise the Local Health Officer regarding public health response activities, social distancing measures and management of PHSKC resources.

B. Direction and Control

1. The public health response will be managed per the guidance and protocols included in this Plan and ESF 8 of the Regional Disaster Coordination Framework.
2. PHSKC and all ESF 8 response partners will operate under HMAC throughout the duration of the pandemic response to manage and coordinate healthcare system information, resources and decisions (*Reference: Health and Medical Procedures Manual*).
3. PHSKC will activate and staff the Area Command Center to coordinate the countywide public health and medical response during a pandemic.
4. King County, Seattle, and other cities may activate their EOCs during a pandemic to coordinate consequence response.
5. PHSKC will lead health and medical preparedness efforts for a pandemic response, working in conjunction with the Northwest Healthcare Response Network.
6. PHSKC will assess the viability of social distancing measures and establish criteria for their implementation.
7. Upon reaching the WHO Alert Phase PHSKC will:
 - Activate the King County Pandemic Influenza Response Plan and HMAC to coordinate the healthcare system response.
 - Activate the Multi-agency Coordination Group to advise the Local Health Officer.
 - Provide regular briefings to the King County Executive, the Mayor of Seattle, other local elected officials, and regional response partners. Briefings will address the nature of the disease, its communicability and virulence, availability of vaccines and antivirals, actions that are being taken to minimize the impact, actions that response partners should implement to protect critical functions, and health information being shared with the public and healthcare providers.
 - Activate an internal policy group to brief the Local Health Officer, coordinate and discuss policy issues, and receive direction from the Local Health Officer.

G. Public Health-Seattle & King County/Health and Medical Area Command (HMAC)

1. Health and Medical Preparedness During the Interpandemic Phase
 - PHSKC will educate healthcare organizations and providers about influenza pandemics and involve them in community pandemic response planning through the Northwest Healthcare Response Network.
 - Hospitals and healthcare organizations will develop pandemic influenza response plans addressing at a minimum medical surge capacity, resource management and conservation, triage, infection control, communications and staffing issues.
 - PHSKC will develop and maintain business continuity and workforce mobilization plans prioritizing PHSKC functions during a pandemic and defining how staff will be mobilized to support critical public health and medical needs.
 - PHSKC Emergency Medical Services Division will revise and maintain the Emergency Medical Services Infectious Disease Response Plan, September 2009.
 - Through the Northwest Healthcare Response Network, PHSKC will work with hospitals and healthcare facilities to ensure that processes are in place to collect critical data that informs resource needs and the status of facilities.

2. Health and Medical Preparedness During the Alert and Pandemic Phases
 - Activation of HMAC for the countywide health and medical response.
 - HMAC will coordinate with the CD-EPI Section, and hospitals and healthcare providers to improve situational awareness during a pandemic through the collection and analysis of critical data. HMAC will generate a healthcare impact report for distribution to all healthcare organizations.
 - HMAC will continually monitor the impact of a pandemic on healthcare facilities and systems and make recommendations to the MAC Group and Local Health Officer, as needed.
 - PHSKC will assess the need to mobilize current public health staff, hire additional staff, activate Public Health Reserve Corps volunteers, or contract for temporary staff to support the HMAC response. The Finance and Administration Section in the HMAC will coordinate with King County Human Resources Division to expedite this process (*Reference: Volunteer Management System Plan*).
 - CD-EPI Section will provide case identification criteria, laboratory testing and treatment protocols, and other clinical and infection control resources to healthcare providers in the region (*Reference: Surveillance and Epidemiology Response Plan*).
 - HMAC will work with the CD-EPI Section on communicating with the healthcare system to assure appropriate use of antiviral medicines.
 - The PHSKC Medical Director for Clinical Operations will develop and disseminate instructions for the care of patients who can be treated at home.
 - The HMAC will evaluate the need for alternate care facilities to support patient triage, clinical evaluation and patient care. The HMAC will develop criteria for activating and deactivating such facilities (*Reference: Alternative Care Facilities Plan*).
 - The HMAC will coordinate with the MAC Group on the development of standardized criteria for implementing the following strategies countywide, and will recommend implementation of any or all of these strategies to the Local Health Officer when pandemic conditions warrant:

- Canceling elective admissions and elective surgeries.
- Requiring all hospitals in the county to receive and treat any patient whose condition warrants hospitalization, regardless of medical insurance coverage.
- Implementing protocols to expand healthcare system capacity.
- Activating alternate care facilities to conduct triage of flu patients or to provide expanded bed capacity.
- Implementing early discharge protocols for patients not requiring inpatient care.
- Implementing protocols for enhanced infection control in all medical facilities.
- Vaccine management and distribution.
- SNS and other resource management and distribution.
- Monitoring and reporting of hospital-acquired influenza infections.
- The Local Health Officer, through the King County and Seattle EMS Medical Directors, will direct implementation of the King County and Seattle EMS Infectious Disease and Pandemic Plan, as appropriate.
- Northwest Healthcare Response Network members will identify and prioritize staff to receive antiviral medications and influenza vaccine according to the protocols established by PHSKC.
 - Through a Public Health Order, the Local Health Officer may direct the compliance of healthcare providers with PHSKC protocols for use of antiviral medications and influenza vaccine.

3. Logistical Support

- Coordination and mobilization of countywide medical resources in support of HMAC agencies will occur through the Logistics Section.
- Requests for State and Federal medical support, including the Strategic National Stockpile, will be managed by the Logistics Section.
- Upon receiving direction from the MAC Group, the Logistics Section will coordinate with healthcare facilities and local Emergency Operations Centers as needed, to identify and activate Alternate care facilities. This includes coordinating with government agencies, schools and businesses as needed to locate appropriate facilities and identify and mobilize appropriate staffing, supplies, security resources, transportation resources and other logistical support issues consistent with Alternate care facilities plans developed by PHSKC.
- Local EOCs throughout the county will be relied upon, consistent with policies established in the Regional Disaster Coordination Framework, to provide non-medical logistical and resource support to the HMAC.
- During a pandemic response, the State Secretary of Health will direct and ensure the licensing of alternate care facilities, points of dispensing and screening centers established by local health departments and hospitals.

4. Planning

- The Planning Section of the HMAC will develop an incident action plan for each operational period during a response. The Section will also develop and implement systems for tracking, at regular intervals, health and medical resources, field response facilities and personnel, and the status of health and medical facilities.
 - Section staff will coordinate planning activities between multiple facilities including the HMAC, local EOCs and EMS operations centers.

- Section staff will collect and disseminate information regarding the situation and response efforts.

C. Communications

1. PHSKC serves as the lead agency in King County for risk communications messaging and public education regarding pandemic influenza. All King County jurisdictions will coordinate with PHSKC to ensure consistency of communications and education messaging regarding pandemic influenza (*Reference: Emergency Communication Plan*).
2. HMAC will coordinate two-way communication with healthcare organizations, pharmacies, schools, emergency management and other partners primarily via conference calls and video conference throughout the duration of a pandemic.
3. Health and medical public information messages will be coordinated among all healthcare partners through a Joint Information System consistent with policies defined in the Regional Disaster Coordination Framework.
4. The HMAC will oversee activation and management of a regional call center with 24-hour telephone consulting nurse service and web-based information systems.
5. Communications with healthcare providers, government, business, community organizations, the media and the public will be a critical component of the pandemic response. This plan's communications goals are to:
 - Provide accurate, consistent, and comprehensive information about pandemic influenza including case definitions, treatment options, infection control measures, and reporting requirements.
 - Instill and maintain public confidence in the County's public health and healthcare systems and their ability to respond to and manage an influenza pandemic.
 - Ensure an efficient mechanism for managing information between PHSKC, healthcare system partners and response agencies.
 - Contribute to maintaining order, minimizing public panic and fear, and facilitating public compliance by providing accurate, rapid, and complete information.
 - Address rumors, inaccuracies, and misperceptions as quickly as possible, and prevent the stigmatization of affected groups.
6. Communications During the Interpandemic Phase
 - The PHSKC Communications Section will:
 - Assess the public information needs of healthcare organizations and providers, local government, business, and community organizations.
 - Identify logistical constraints to effective communications, such as communications staffing and equipment needs, and public information call center staffing and capacity.
 - Intensify public education efforts about influenza pandemics, animal influenza and steps that can be taken to reduce exposure to infection. Information may be disseminated via web site postings, newspaper editorials, flyers and billboards, television and radio broadcasts.
 - Coordinate with CDC, the Washington DOH, and health departments in adjacent jurisdictions to develop common health messages and education materials.

- The Communicable Disease and Preparedness Sections educate providers, public officials, businesses and emergency responders about influenza pandemics and steps they should take to plan for pandemic outbreaks.
- Through the Northwest Healthcare Response Network, Communicable Disease and Preparedness sections will educate and work with healthcare providers and organizations about influenza pandemics and the steps they should take to manage an outbreak.
- The Preparedness Section will convene appropriate internal staff and facilitate the Regional Vulnerable Populations Steering Committee to develop a communications strategy for vulnerable populations including identifying appropriate community partners for reaching and educating diverse communities such as limited English speaking and homeless citizens. The PHSKC Vulnerable Populations Action Team will assist the efforts of the PHSKC PIO in assuring this information reaches agencies serving vulnerable populations.

7. Communications During the Alert and Pandemic Phases

- PHSKC Public Information Officer (PIO) will evaluate the need to establish a Joint Information Center (JIC) in conjunction with appropriate health system and response partners. A JIC will be activated in support of the HMAC when the PHSKC PIO deems it necessary based on specific characteristics of the pandemic.
- The PHSKC PIO and HMAC Commander will evaluate the need to establish a public information call center to respond to public inquiries.
- The HMAC Commander will activate liaisons to coordinate information with schools, child care centers, local emergency management, and emergency medical services partners.
- The PHSKC PIO will work with the Northwest Healthcare Response Network and the CD-EPI Section to develop public information messages related to the utilization of the healthcare system and other resources (alternate care facilities, call centers, etc).
- HMAC will support the CD-EPI Section in initiating regular communication briefings with healthcare providers, schools and other partners. The Section will also regularly communicate with experts at the CDC and Washington DOH.
- The Preparedness Section will conduct regular briefings with key response partners, utilizing the emergency zone structure, to inform EOC staff, business leaders, community based organizations, first response agencies, schools and critical infrastructure agencies on the status of the pandemic and local response actions.
- As the pandemic expands, the PHSKC PIO will provide daily updates on the pandemic and will organize regular media briefings.
- The PHSKC PIO will keep the public informed about steps that should be taken to protect against infection, treatment options for individuals who are infected, the status of the spread of the outbreak in the community, and the disease control and containment strategies that are being implemented.

D. Mitigation

Mitigation activities are taken in advance of an influenza pandemic to prevent or temper its impact. PHSKC's pre-event mitigation activities include:

1. Planning, exercising, evaluating and revising the Pandemic Influenza Response Plan.
2. Training and equipping PHSKC staff to assure competencies and capacities needed to respond to a pandemic outbreak.

3. Through the Northwest Healthcare Response Network, building strategic partnerships and facilitating capacity building with local healthcare organizations and providers.
4. Partnering with tribes, local, state and federal response agencies and their staff.
5. Partnering with private industry including pharmacy chains, independent and ethnic pharmacies, commercial vaccinators, large employers and critical infrastructure providers.
6. Educating response partners, the media and public about the consequences of influenza pandemics and recommended preparedness measures.
7. Provide preparedness training and technical assistance to local agencies, Community Based Organizations and large informal networks serving vulnerable populations.
8. Informing and updating local elected officials about the potential impacts of an influenza pandemic on essential services and infrastructure in King County.
9. Stockpiling necessary medications and equipment that will be needed to respond to an influenza pandemic.

E. Surveillance

1. Influenza is not a mandated notifiable disease under Washington Administrative Code. During a pandemic response, the PHSKC Disease Control Officer in the CD-EPI Section may declare the circulating strain of influenza causing the pandemic a Disease of Public Health Significance, requiring healthcare providers and laboratories to report cases (*Reference: Surveillance and Epidemiology Response Plan*).
2. As a pandemic outbreak progresses, the CD-EPI Section will enhance existing surveillance efforts, including gathering relevant available clinical data (i.e. admission and discharge diagnosis) from hospitals in the county and from selected large medical group practices, such as the University of Washington, Virginia Mason and Group Health.
3. Surveillance During the Interpandemic Phase
 - The CD-EPI Section will conduct daily influenza tracking activities [reviewing incoming data on emergency room visits for influenza-like illness, school absenteeism, pneumonia and influenza deaths submitted weekly by Vital Statistics, nursing home reports, homeless shelter reports and sentinel providers].
 - The CD-EPI Section and Public Health Veterinarian will coordinate surveillance activities with the disease control activities of the CDC, state agencies, and health departments in adjacent jurisdictions.
 - Syndromic surveillance data will be collected and assessed [chief complaint and hospital admission and discharge data, when available, from King County hospitals, Emergency Medical Service dispatch data, and daily death reports from the Medical Examiner's Office].
 - The CD-EPI Section will work with clinicians, hospitals, and infectious disease specialists to enhance case detection, according to CDC screening criteria, among persons who have recently traveled to outbreak areas and present with illnesses meeting the clinical criteria for influenza.
 - PHSKC will coordinate with key employers to track absenteeism in the event of a flu pandemic [City and county government, large employers].
 - PHSKC Laboratory may support the Washington DOH Laboratory in conducting influenza testing, as resources allow. The PHSKC Laboratory will not perform viral culture.

4. Surveillance During Alert and Pandemic Phases

- PHSKC may require healthcare providers and institutions to report influenza and to send specimens from these cases to the State DOH Laboratory or the PHSKC Laboratory for testing, as requested.
- PHSKC will engage commercial laboratories, as needed, to ensure private laboratory testing is available to healthcare providers in addition to DOH and PHSKC laboratory services.
- PHSKC will inform community healthcare providers regarding recommendations for influenza laboratory testing based on consultation with Washington DOH and CDC.
- The CD-EPI Section will comply with CDC and Washington DOH guidelines to facilitate monitoring of the influenza pandemic strain for antiviral resistance.
- The CD-EPI Section will activate tracking of employee absenteeism with certain sentinel employers, where feasible.

F. Public Education

1. Public education through all phases of a pandemic may involve any or all of the following elements:
 - Dissemination of printed and web-based information in multiple languages.
 - Active outreach to traditionally underserved populations, in cooperation with community organizations and other local entities serving them.
 - Frequent use of radio, television and print media.
 - Coordination with other healthcare providers and care-givers to ensure consistent messaging.
 - Implementation of a public information call center.
2. Government agencies, businesses, schools, healthcare system partners, community based organizations and other agencies within King County will promote and disseminate pandemic influenza educational messages to their staff.
3. PHSKC leads efforts to strengthen support, outreach and training for vulnerable populations in King County. Specific actions include:
 - Conduct needs assessments identifying types of resources and information vulnerable populations need during emergencies.
 - Provide training and job aids for community leaders, Community Based Organizations, medical interpreters and other local entities to serve as information conduits to vulnerable populations during emergencies.
 - Partner with cultural leaders and medical interpreters across the county to build sustainable preparedness capabilities within communities.

G. Vaccine

1. Vaccine serves as the most effective preventive strategy against outbreaks of influenza, including pandemics. However, dissemination of an effective influenza vaccine during a pandemic faces several challenges:
 - A pandemic strain could be detected at any time, and production of vaccine could take six to eight months after the virus first emerges.
 - The target population for vaccination will ultimately include the entire U.S. population.

- It is expected that demand for vaccine will initially outstrip supply and administration of limited vaccine will need to be prioritized based on national guidelines and in consultation with the Washington DOH.
- It is possible that two doses of vaccine occurring two to four weeks apart may be required.
- Protocols for ordering, managing, prioritizing and distributing influenza vaccine in King County during a pandemic are included as Attachment 1a to this plan.

2. Vaccine Management During the Interpandemic Phase

- PHSKC will incorporate healthcare organizations and providers, pharmacies, including ethnic pharmacies, commercial vaccinators, schools and EMS providers into regional mass vaccination plans (see Attachment 1b).
- The CD-EPI Section, in consultation with Washington DOH and based on national guidelines, is developing and refining recommendations for use of available vaccine based on local priority groups, and include as Attachment 1a to this plan.
- PHSKC has developed plans for administration of vaccine to priority groups, and eventually the entire county population, including activation of mass vaccination clinics. Vaccination plans will require modification based on current information regarding the epidemiology of the pandemic including severity of illness, impact on subgroups of the population and the supply and availability of vaccine.
- The CD-EPI Section will coordinate with Washington DOH to report adverse reactions to the vaccine.
- Regional mass vaccination plans will include close coordination and involvement from healthcare facilities, healthcare providers, pharmacies, commercial vaccinators, schools, first response agencies, homeless organizations and community based organizations.
- Mass vaccination plans will include protocols for vaccinating priority group persons who are also highly vulnerable including homeless populations, limited English and immigrant communities, incarcerated persons and those who are impoverished.
- Vaccine Management During the Alert and Pandemic Phases PHSKC will notify healthcare organizations and providers, pharmacies, commercial vaccinators and EMS providers of the expected date of availability of pandemic vaccine, and the strategy and timing for mass vaccination activities.
- The Local Health Officer and the Chief of CD-EPI will coordinate with DOH and neighboring local health departments to establish consistency, where necessary, across vaccine prioritization strategies.
- In consultation with Washington DOH, the CD-EPI Section will provide updated recommendations to the Local Health Officer regarding priority groups to receive vaccination based on CDC guidelines.
- The Local Health Officer will coordinate with the Multi-agency Coordinating Group on vaccine prioritization and management decisions.
- The PHSKC Chief of Pharmacy and PHSKC Logistics Section, in collaboration with the CD-EPI Section will prepare to receive, store and transport vaccine as needed.
- PHSKC will distribute and administer vaccine as soon as possible after receipt according to local priorities and CDC guidelines, including activation of mass vaccination plans as appropriate.

- PHSKC will administer vaccine through existing programs including: JHS will vaccinate patient population at Regional Justice Center and King County Correctional Facility; CHS clinics will vaccinate existing patients and may serve as points of dispensing; and Healthcare for the Homeless Network and Medical Reserve Corps staff will vaccinate persons who are homeless.
- PHSKC will work with pharmacies and community health centers to serve as points of dispensing to administer vaccine.

H. Antiviral Medications

1. Antiviral medications may be useful for treating and preventing influenza, particularly prior to the availability of vaccines. However, there is a limited supply of antiviral drugs.
2. PHSKC has developed protocols for allocating and prioritizing limited government supplies of antiviral medications during a pandemic. These protocols are included in Attachment 2a to this Plan.
3. Antiviral distribution protocols will account for the provision of medications to all persons in need of treatment across the county including persons who are uninsured, unable to pay for the medication, and unable to receive a prescription prior to presenting for treatment.
4. Antiviral Medication Management During the Interpandemic Phase
 - PHSKC will maintain a regional stockpile of antiviral medications, and will prepare to receive additional supplies from the CDC Strategic National Stockpile (SNS) if activated.
 - PHSKC will support the efforts of appropriate healthcare organizations, public and private industry response partners to acquire organizational stockpiles of antiviral medications.
 - The CD-EPI Section will provide current guidelines for medical providers regarding the use of antiviral medications.
5. Antiviral Medication Management During the Alert and Pandemic Phases
 - When the SNS is activated in response to an emerging pandemic threat, the CDC will immediately distribute allocations of antiviral medications to each state.
 - At the Pandemic phase, DOH will immediately activate the Reception, Storage and Staging (RSS) facility and prepare to receive the state's allocation of antiviral medications from the SNS.
 - DOH will immediately notify all local health departments to prepare to receive local allocations of SNS antiviral medications. Allocations will be disseminated to local health departments proportionally based on population.
 - At the Alert phase, PHSKC will immediately activate the HMAAC and the Multi-agency Coordinating Group, and prepare to receive, store and redistribute SNS antiviral medications according to this Plan and the PHSKC SNS Plan.
 - HMAAC will coordinate with hospitals and other healthcare providers, pharmacy partners and pharmaceutical distributors to continually monitor the supply of commercially available antiviral medications.
 - HMAAC will begin distribution of regional antiviral supplies to appropriate healthcare facilities, public health centers and pharmacies according to Attachment 2a of this plan.
 - Regional antiviral supplies will remain distributed to key healthcare partners throughout the duration of the pandemic.

I. Personal Protective Equipment (PPE)

1. Personal protective equipment in the form of N-95 respirators and surgical masks are maintained in local stockpiles by PHSKC and EMS providers in King County, and within the SNS.
2. PHSKC will consider guidance from the CDC, WHO and other reputable sources when developing and communicating guidance to healthcare and response partners regarding the appropriate use of PPE during a pandemic event.
3. PPE protocols during the Interpandemic Phase
 - PHSKC will store and manage a cache of N-95 respirators specifically acquired for hospitals; a cache of surgical masks acquired by PHSKC for department medical staff; and a cache of PPE received from the SNS.
 - PHSKC will develop protocols for prioritizing and rationing limited supplies of cached PPE during a pandemic.
 - PHSKC will develop protocols for monitoring supply chain levels during a pandemic.
 - Through the Northwest Healthcare Response Network, PHSKC will coordinate with healthcare organizations and providers on the development of resource management and conservation strategies for PPE during a pandemic.
5. PPE Protocols during the Alert and Pandemic Phases
 - Receive and store PPE supplies from the SNS when mobilized by CDC.
 - The LHO, in consultation with the MAC will direct the prioritization of PPE managed by HMAC.
 - HMAC will recommend healthcare organizations and providers implement resource management and conservation strategies.
 - Receive, prioritize and process requests from healthcare facilities for PPE supplies based on prioritization and rationing protocols approved by the LHO.
 - Monitor supply levels within healthcare facilities and in the supply chain.

J. Isolation and Quarantine

1. During all phases of a pandemic, persons ill with influenza will be directed to remain in isolation in healthcare settings or at home, to the extent possible.
2. For persons living or staying in congregate settings, PHSKC will assist sponsoring agencies with exploring and planning for alternatives to isolation and quarantine aimed at reducing the rate and degree of influenza spread.
3. Hospitals will implement appropriate isolation protocols, based on CDC guidelines and PHSKC recommendations, for all hospitalized patients suspected of being infected with pandemic influenza strain.
4. Quarantine of contacts of influenza cases may be beneficial during the certain circumstances early in a pandemic, and during the Interpandemic phase with an influenza virus that has not achieved the ability to spread easily from person-to-person.
5. Once person-to-person transmission is established locally, quarantine of individuals exposed to influenza cases is presumed to be of limited value in preventing further spread of the disease.
6. PHSKC will work collaboratively with the CDC Division of Quarantine Station at Seattle-Tacoma International Airport and the Port of Seattle on management of passengers requiring isolation, quarantine or follow-up.

7. The CDC will be the lead agency regarding recognition and management of ill and exposed travelers, including quarantine of exposed persons and isolation of ill persons, entering the country at ports of entry. PHSKC will not have resources available during a severe pandemic to support screening of travelers at ports of entry or quarantine of exposed passengers in centralized facilities.
8. Isolation and Quarantine During the Interpandemic Phase
 - The Preparedness Section will coordinate planning efforts for isolation and quarantine with Washington DOH, neighboring local health jurisdictions, community based organizations and local law enforcement.
 - PHSKC follow CDC guidelines in developing and implementing isolation and quarantine procedures for individuals traveling from areas in which a novel influenza virus is present.
 - Isolation and Quarantine During the Alert and Pandemic Phases The CD-EPI Section will coordinate with healthcare providers and hospitals to ensure that influenza patients are isolated in appropriate facilities based on their medical condition (homes, hospital, and alternate care facility).
 - The CD-EPI Section will develop protocols for quarantine of close contacts of persons infected with a potential pandemic strain.
 - The CD-EPI Section will provide technical assistance to healthcare providers and hospitals regarding infection control options for healthcare workers who come in contact with influenza patients or who develop influenza.
 - The PHSKC Isolation and Quarantine Response Plan will be activated as needed to ensure availability of isolation and quarantine facilities and support systems for patients.

K. Social Distancing Strategies

1. Social distancing strategies are non-medical measures intended to reduce the spread of disease from person-to-person by discouraging or preventing people from coming in close contact with each other. Currently available information suggests that early and aggressive use of social distancing measures may provide the greatest benefit toward slowing the spread of an influenza pandemic. Specific social distancing strategies could include: closing public and private schools; minimizing social interactions at colleges, universities, houses of worship and libraries; closing non-essential government functions; implementing emergency staffing plans for the public and private sector including increasing telecommuting, flex scheduling and other options; and closing public gathering places including stadiums, theaters, community centers and other facilities. Attachments 3, 4, 5, 6, and 7 contain more information on social distancing determinants and measures.
 - The effectiveness of social distancing strategies is not known with certainty, nor is the degree of public compliance with measures that is necessary for success.
 - Implementation of social distancing strategies in King County may create social disruption and significant, long-term economic impacts. It is unknown how the public will respond to these measures.
 - It is assumed that social distancing strategies may be most beneficial when applied on a countywide or statewide basis in order to maximize effectiveness.
 - Decisions about social distancing measures must also take into account severity of illness, and impact on subgroups in the population.

2. The Local Health Officer will consult with the Disease Control Officer for Communicable Disease and the Director of throughout all phases of a pandemic regarding the epidemiology and impact of the pandemic in and around King County.
3. As a pandemic emerges, the Local Health Officer will consider CDC recommendations and guidance when determining the need and value of implementing social distancing measures.
4. The Local Health Officer will review social distancing strategies and current epidemiological data during each phase and coordinate with the King County Executive, the Mayor of Seattle, and executive heads of other cities and towns regarding social distancing actions that should be implemented to limit the spread of the disease.
5. Decisions regarding the implementation of social distancing measures including suspending large public gatherings and closing stadiums, theaters, houses of worship, community centers, and other facilities where large numbers of people gather will be made by the Local Health Officer and coordinated with the King County Executive, the Mayor of Seattle and all executive heads of cities and towns in King County.
6. Decisions regarding the closing of one or more public or private schools, licensed child care centers, and minimizing social interaction at colleges, universities and libraries in King County will be made by the Local Health Officer after consultation with local school superintendents, child care center operators, school presidents and elected officials.
7. The Local Health Officer will coordinate in advance the timing and implementation of social distancing decisions in King County with Pierce, Snohomish, Kitsap and Thurston Counties as well as the state Department of Health and the U.S. Department of Health and Human Services (see Attachment 5).
8. Social Distancing Strategies During the Interpandemic Phases
 - The Preparedness, Communicable Disease, and Communications Sections will educate elected officials, government leaders, school officials, response partners, homeless services agencies, businesses, the media and the public regarding the consequences of pandemics, the use of social distancing strategies, the associated impacts they cause and the process for implementing these measures.
 - The Preparedness Section and Healthcare for the Homeless will coordinate with the CD-EPI Section and the PHSKC Medical Director to provide guidance and instructions regarding infection control strategies to homeless service agencies that operate congregate care facilities.
9. Social Distancing Strategies During the Alert and Pandemic Phases
 - Social distancing measures directed by the Local Health Officer will be documented by the Prosecuting Attorney's Office, in coordination with HMAC, in the form of a Public Health Order.
 - The Local Health Officer will inform elected officials regarding decisions made and implementation of social distancing strategies affecting their jurisdictions.
 - Specific strategies that may be implemented by the Local Health Officer include:
 - Notify government agencies and the private sector to implement emergency pandemic flu plans to reduce disease transmission in the workplace, educate and inform staff, and maintain critical business functions. Plans may include maximizing the use of telecommuting, flex schedules, and alternate work site options.
 - Recommend that the public use public transit only for essential travel.
 - Advise King County residents to defer non-essential travel to other areas of the country and the world affected by pandemic influenza outbreaks.

- Suspend public events where large numbers of people congregate including sporting events, concerts, and parades.
- Close one or more public or private schools, licensed child care centers.
- Implement measures to limit social interaction at libraries, houses of worship, colleges and universities.
- Close all theaters, community centers, and other places where large groups gather.
- Suspend government functions not involved in pandemic response or maintaining critical continuity functions.
- It is assumed that social distancing measures addressing the closure of facilities and restriction of functions and services would be most effective and necessary when implemented during a moderate and severe pandemic, and applied on a county-wide or state-wide basis. However, there are circumstances when limited closure of specific facilities or groups of facilities (school districts) may be implemented in conjunction with CDC guidance.
- The Local Health Officer will participate in conference calls with neighboring counties, the state Department of Health and the U.S. Department of Health and Human Services to coordinate the timing, public announcement, and impacts of social distancing measures in the Puget Sound Region (see Attachment 5).
- The Local Health Officer will monitor the effectiveness of social distancing strategies in controlling the spread of disease and will advise appropriate decision-makers when social distancing strategies should be relaxed or ended.

Maintenance of Essential Services

- A. One of the critical needs during a flu pandemic will be to maintain essential community services.
 1. With the possibility that 25-35% of the workforce could be absent due to illness, it may be difficult to maintain adequate staffing for certain critical functions.
 2. There is the possibility that services could be disrupted if significant numbers of public health, law enforcement, fire and emergency response, healthcare, transportation, communications, and public utility personnel are unable to carry out critical functions due to illness.
- B. Government agencies and private businesses, particularly those that provide essential services to the public, must develop and maintain continuity of operations plans and protocols that address the unique consequences of a pandemic.
- C. Local emergency management agencies in King County will participate in and support logistical and non-medical infrastructure planning with healthcare facilities within their jurisdictions.
- D. PHSKC will develop and maintain continuity of operations plans that address, at a minimum:
 1. Line of Succession for the agency.
 2. Approval of continuity of operations plans by the King County Board of Health.
 3. Identification of mission essential services and priorities.
 4. Procedures for the reassignment of employees to support public health functions essential during a public health emergency.
 5. Redundancy of mission critical communication and information systems.

6. Physical relocation of critical PHSKC functions including the ESF 8 Health and Medical HMAC Center.
7. Additionally, the following may take place:
 - During a pandemic, PHSKC may suspend routine Department operations to provide staff for flu clinics, triage centers, and telephone triage services.
 - The Local Health Officer will assess the need to reprioritize Department functions and will direct the mobilization of staff to meet emerging needs of the pandemic.
 - PHSKC staff with clinical training and licensure may be reassigned by the Medical Director to support the Department's critical clinical functions during a pandemic, or to assist in pandemic response activities.
 - PHSKC will continue to provide healthcare services to the King County Jail during a pandemic, but may temporarily suspend preventive care services.

E. Maintenance of Essential Services During the Interpandemic Phase

1. Preparedness Section works with all divisions and sections in PHSKC to develop plans for maintaining essential departmental services during a pandemic.
2. Preparedness Section will brief government agencies, healthcare organizations, non-profit organizations and businesses that provide essential community services about the need for continuity planning in advance of a pandemic.
3. All PHSKC Divisions and sections will:
 - Participate in business continuity planning to identify mission critical systems and functions that must remain operational during a pandemic.
 - Identify PHSKC services and functions that can be suspended during a pandemic thereby freeing up staff members for reassignment.
 - Participate in ongoing planning efforts to assess skills needed during public health emergencies and identify staff training needs to fill critical positions.
4. The Community Health Services Division Director and Medical Director will identify sites and functions within the Department's clinical services that will remain operational during a pandemic and specify the minimum level of resources needed to remain operational.
5. The King County Medical Examiner's Office (KCMEO) will coordinate mass fatality planning efforts with hospitals and funeral homes in conjunction with the Northwest Healthcare Response Network.

F. Maintenance of Essential Services During the Alert and Pandemic Phases

1. PHSKC will update its essential services plans and will request that its community partners update their plans.
2. The Local Health Officer will determine the appropriate time to implement the Department's continuity of operations plans and protocols and will advise community partners to implement their plans as needed.
3. The Local Health Officer will determine the need to suspend routine Department operations in order to reassign staff to critical duties. The timing of this decision will be coordinated with similar actions taken by other clinical facilities in the healthcare system.
4. Critical functions activated within PHSKC may include:

- Utilizing some or all Public Health clinics as “flu clinics” to triage, evaluate and / or treat influenza patients not requiring hospital care.
 - Establishing and supporting a health and medical call center that provides information and medical advice over the telephone, including information on how to access healthcare services.
 - Distributing vaccine to healthcare system facilities and activating mass vaccination clinics to vaccinate priority groups.
5. The KCMEO may activate the Public Health Mass Fatalities Plan. Activation of the plan will be coordinated with hospitals and funeral homes throughout the county.
 6. Based on the numbers of actual or anticipated fatalities during a pandemic, the KCMEO may implement emergency protocols regarding:
 - Identification and documentation of victims.
 - Activation and management of temporary temperature controlled holding facilities.
 - Release of remains to family members.
 - Temporary internment of mass fatalities.
 - Cremation and burial of mass fatalities.

Recovery

- A. The Transition phase of an influenza pandemic will begin when it is determined that adequate supplies, resources, and response system capacity exists to manage ongoing activities without continued assistance from pandemic response systems.
- B. In consultation with the Multi-agency Coordinating Group and local elected leaders, the Local Health Officer will recommend specific actions to be taken to return the healthcare system and government functions to pre-event status.
- C. PHSKC will assess the impact of the pandemic on the community’s health as measured by morbidity and mortality and report findings to all response partners.
- D. PHSKC staff will support partners in King County government and the healthcare and business communities in assessing the economic impact of the pandemic. This may include supporting eligible organizations with information and technical assistance related to reimbursement.
- E. Preparedness Section will conduct an after-action evaluation of the pandemic response. The evaluation will include recommendations for amendments to the Pandemic Influenza Response Plan.

Plan Development and Maintenance

This document will be reviewed and updated by the lead agency at least every two years and after every influenza-related Health and Medical HMAC activation. The document is housed in electronic format in Public Health—Seattle & King County’s Preparedness Section’s shared drive, as well as with the King County Office of Emergency Management.

Target Capabilities

This plan meets the following target capabilities:

Healthcare Preparedness Capabilities ASPR and HHS 2012

- Emergency Operations Coordination
- Fatality Management
- Information Sharing
- Medical Surge
- Responder Safety and Health
- Volunteer Management

CDC Public Health Preparedness Capabilities 2011

- Public Health Surveillance and Epidemiological Investigation
- Community Preparedness
- Medical Surge
- Emergency Operations Coordination
- Medical Countermeasures Dispensing
- Fatality Management
- Emergency Public Information and Warning

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Attachment 1a

Protocol for Vaccinating Populations Within King County during an Influenza Pandemic

Introduction

This Attachment to the Public Health Seattle & King County (PHSKC) Pandemic Influenza Response Plan outlines goals, objectives and responsibilities for PHSKC personnel and supporting agencies in ordering, receiving and administering pandemic- strain influenza vaccine. During an influenza pandemic, vaccine manufacturing and distribution systems will be coordinated by the CDC in conjunction with private sector manufacturers and distributors. State and local health departments are responsible for developing and implementing community-wide vaccination plans, including components for prioritizing limited amounts of vaccine for specific populations.

The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Secretary of the Department of Health and Human Services and the Centers for Disease Control and Prevention (CDC) on the control of vaccine-preventable diseases. Specifically in preparation for and during an influenza pandemic, the ACIP develops written recommendations for:

- prioritization and administration of vaccines to children and adults;
- the extent to which factors such as age, underlying health conditions or occupation should be considered in prioritization plans;
- the number of doses necessary and dosing interval; and
- precautions and contraindications

This Attachment identifies specific target groups that will likely be included in prioritization plans for all future pandemics. However, it is assumed that after a pandemic strain has emerged, the ACIP and CDC will review, adjust and finalize priority group recommendations based largely on specific characteristics of the current threat. Therefore, a certain degree of flexibility is incorporated herein regarding final determination of priority populations.

Goals

The following four goals will guide planning and implementation of King County's vaccine response plans during a pandemic:

- Vaccinate members of ACIP priority groups and strategically use appropriate vaccine formulations to reach priority group populations at highest risk for influenza complications.
- Maximize the efficiency of vaccine ordering, delivery and administration.
- Provide equitable access to vaccine for insured, uninsured, people with and without a regular healthcare provider, and for those who can afford vaccination fees.

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- Communicate clear, timely and useful information regarding our allocation strategy, supply levels, and locations where vaccine is accessible.

Assumptions

- A multi-layered community approach to vaccination will be necessary utilizing healthcare providers, pharmacies, community and public health centers, worksites, tribal clinics and community vaccination sites.
- Local public health departments in Washington will prioritize pandemic strain influenza vaccine; during the period that vaccine is prioritized, all vaccine will be managed through state and local public health departments.
- CDC will provide state and local health departments with all pandemic strain vaccine, syringes, sharps containers and other medical supplies to support the vaccination effort.
- Persons may require one or two doses of vaccine, administered up to four weeks apart.
- It is unlikely that sequential vaccination of priority groups will be possible or efficient as multiple formulations of vaccine will arrive in the county at unpredictable rates.
- PHSKC will continually adapt prioritization and vaccination plans during a pandemic so that as various formulations arrive in King County they may be administered immediately to eligible priority populations. Persons at greatest risk of complications from influenza will received highest priority.
- A process for registering healthcare providers to receive vaccine, ordering vaccine and reporting on vaccine usage will be established by CDC in conjunction with state departments of health at the time a pandemic strain emerges, and prior to vaccine initially becoming available.
- The vaccination effort for the pandemic strain may function prior to, concurrent with or after the annual flu vaccine campaign.

Policies

- The Local Health Officer will determine the influenza vaccine priority groups that will be utilized in King County during an influenza pandemic.
- PHSKC will provide the entire county population with access to vaccine, beginning with individuals in priority groups.
- PHSKC will provide vaccine to healthcare facilities, Public Health Centers, community health centers, tribal clinics, pharmacies, and commercial vaccinators in a manner that ensures broad geographic coverage across the county.

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- Healthcare providers will serve as the primary mechanism for providing vaccine to priority group populations.
- PHSKC pandemic vaccination plans will account for worst case scenarios regarding:
 1. The availability of vaccine following the emergence of a pandemic strain;
 2. The effectiveness of the vaccine against the current strain;
 3. Demand for vaccination from the public, and
 4. Changes in virulence of the disease.
- PHSKC pandemic vaccination plans will include a safety net strategy to ensure access to vaccine by vulnerable populations including those who can not afford vaccination fees, and those who are unable to reach a vaccination site.

Concept of Operations

A. Vaccine Registration and Ordering Process

The Prevention Division, Communicable Disease Section, Immunization Program (“Imms Program”) will manage the process for registering healthcare providers to receive vaccine, ordering vaccine and tracking vaccine usage in King County. This may include outreach and recruitment to expand registration among key healthcare sectors that serve high risk priority populations such as healthcare providers currently included in the Vaccine For Children (VFC) program, pediatricians, obstetricians, hospitals, tribal clinics, and specialty care practices.

Specific criteria for filling vaccine orders from registered healthcare providers will be finalized by the Chief of Communicable Disease Control based on the current strain, vaccine availability, and recommended ACIP priority groups. Final criteria may reflect one or more of the following:

1. Ensure all registered hospitals, primary care, obstetricians, pediatricians, tribal clinics and specialty care providers receive a percentage or their requested allocation prior to allocating vaccine to other modalities (pharmacies, commercial vaccinators, community vaccination sites);
2. Ensure a select number of public health centers and community health centers receives a limited allocation to provide access to priority group populations at risk of disproportionate outcomes from a pandemic, including individuals who are economically disadvantaged, homeless, have limited language proficiency, have disabilities (physical, mental, sensory, or cognitive limitations), have special medical needs, experience cultural or geographic isolation, or are vulnerable due to age, as well as incarcerated persons;
3. Ensure occupational health providers who serve EMS agencies receive a percentage of their requested allocation;
4. Withhold filling orders to pharmacies, commercial vaccinators and community vaccination sites until accessibility within the healthcare community is further established.

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The Communicable Disease Section will coordinate with HMAC Logistics and the Chief of Pharmacy to manage vaccine delivery options for large and small healthcare providers. Delivery may be managed by a vaccine distributor, by Public Health, or may require an additional capability to supply small providers through the PHSKC distribution center.

B. Vaccination Priority Groups

PHSKC will incorporate the following priority populations into all influenza pandemic vaccination plans:

- Pregnant women
- People who live with or care for children younger than six months
- Healthcare and emergency medical services workers with direct patient contact

At the time a pandemic strain emerges, ACIP and the CDC may recommend additional priority groups for vaccination which could include:

- All children under 18 (or children and young adults up to 24)
- Adults with underlying health conditions up to age 64 (underlying health conditions would be specified based on the characteristics of the disease)
- Seniors 64 and older
- Critical infrastructure workers and first responders

The Local Health Officer will determine how pandemic strain influenza vaccine will be prioritized in King County based on ACIP recommendations and local conditions.

C. Vaccine Dispensing

Phase 1 of the pandemic vaccination plan will address priority group populations. PHSKC will utilize one or more of the following mechanisms to distribute and dispense influenza vaccine to priority groups during this phase:

- Healthcare providers including all registrants in the Vaccine for Children's program, primary care practices, specialty care centers, tribal clinics, pediatricians, obstetricians and hospitals. Target populations will include eligible staff with direct patient contact and patients who qualify under a priority group
- Utilize select occupational health providers who serve EMS agencies to vaccinate eligible EMS workers with direct patient contact

The following may be added during **Phase 1** contingent upon the availability of vaccine and the extent to which thresholds for meeting healthcare provider vaccine orders have been reached:

- Utilize one or more public health centers and community health centers (CHCs) to provide access to vaccine to a limited number of priority group populations with no ability to pay.

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- Utilize Healthcare For the Homeless staff, augmented by Public Health Reserve Corps volunteers as needed, to vaccinate homeless shelter staff and residents.
- Utilize a select number of pharmacy locations to make vaccine available to healthcare workers and EMS workers with direct patient contact who can not access vaccine through other means.
- Utilize a select number of pharmacy locations to make vaccine available to priority group populations who can not access vaccine through their healthcare provider.

In the early stages of the vaccination campaign PHSKC may request assistance from a select number of pharmacies to provide vaccine to healthcare workers, EMS workers or other priority populations unable to access vaccine through other mechanisms. Criteria for selecting viable pharmacy partners may include geographic coverage, age ranges covered, capability to manage expected volumes, willingness and ability to screen for eligibility, and participation in the Statewide Pharmacy Agreement.

Phase 2 of the pandemic vaccination plan will be initiated when the Local Health Officer considers the levels of available vaccine and public demand for vaccine to no longer warrant prioritization. Upon announcing this decision, vaccine will be open to the general public for the duration of the campaign. Concurrent with this announcement, PHSKC will utilize one or more of the following mechanisms to administer influenza vaccine to the entire population in King County:

- Healthcare providers and occupational health providers as described in Phase 1
- Utilize all registered pharmacies, including ethnic pharmacies, and commercial vaccinators to provide broad access to the general population.
- Utilize Healthcare For the Homeless staff, augmented by Public Health Reserve Corps volunteers as needed, to vaccinate homeless shelter staff and residents
- Activate public medication centers that are geographically dispersed and accessible to the general population.
- Utilize all registered CHCs to administer vaccine to staff and clients. PHSKC may provide additional contracted staff to support CHCs as needed.
- Public Health Centers will follow a three-level plan for administering vaccine during **Phase 2**. The level of activation for Public Health Centers will be determined by the Local health Officer based on public demand for vaccine:

Level One - consists of three to six Public Health Centers operating vaccination programs. Sites will operate normal business hours with slightly enhanced staffing. Normal public health programs at the sites will not be adversely affected.

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Level Two – consists of all 10 Public Health Centers operating vaccination programs. All sites will maintain slightly enhanced staffing to administer the vaccine effort and will operate under normal business hours. Normal public health programs at the sites will not be adversely affected.

Level Three - consists of all 10 Public Health Centers operating vaccination programs, with some or all sites significantly enhancing staffing, restricting certain daily operations, and operating beyond normal business hours, possibly on weekends.

PHSKC will utilize department staff, Public Health Reserve Corps volunteers, and contract nurses to staff vaccination stations at public medication centers, Public Health Centers, and Community Health Centers, as needed.

Upon activation of the Health and Medical Area Command to initiate vaccination planning efforts, PHSKC will establish a Medical Countermeasures Group Supervisor position to coordinate information and requests for assistance directly with the pharmacy community and commercial vaccinators.

- The Medical Countermeasures Group Supervisor will provide coordination to pharmacies and commercial vaccinators regarding the timing of vaccine delivery, notification to the public, and information or resource needs from pharmacies and commercial vaccinators. The Medical Countermeasures Group Supervisor will develop a tactical plan in coordination with the Planning Section Chief and Contact Center Director to track the availability of vaccine by formulation for each pharmacy location in real time. The plan will also document government and corporate customers expected to be served by each registered commercial vaccinator including the total size of their expected vaccination population.

PHSKC will utilize existing mass vaccination and dispensing plans as the basis for establishing the mode of operation for community vaccination clinics during a pandemic response. The purpose of activating community vaccination clinics is to provide surge capacity through high volume vaccination operations open to all populations at select locations in each zone of the county. Activation of community vaccination clinics will follow a two-tiered approach:

- Limited Capacity – two public medication centers activated for each zone in King County
- Full Capacity - eight to twelve public medication centers activated for each zone in King County.

At the time of an event, tactical plans will be developed for each community vaccination clinic identified, and will include daily and weekly capacity, expected days and hours of operation, geographic locations (mapped) to ensure broad county coverage, staffing requirements, agreements reached with facility owners, and strategies for advertising the location to vulnerable communities.

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- Public medication centers will be managed by PHSKC with staff provided through a combination of PHSKC staff, contracted nursing services, commercial vaccinators and Public Health Reserve Corps volunteers. These clinics will not be activated while vaccine prioritization is in effect, rather will be open to the general public when vaccine supply is sufficient to remove prioritization requirements, and demand from the public is sufficient to exceed the capacity of pharmacies, commercial vaccinators and healthcare facilities. It is anticipated that activation of community vaccination clinics will occur for a maximum of 30 days. Upon deactivation of community vaccination clinics, the public will be directed to ongoing vaccination locations such as pharmacies, healthcare providers, Public Health centers, and community health centers.

Responsibilities

A. PHSKC Preparedness

- Coordinate planning efforts with PHSKC staff and community partners regarding ordering, receipt, distribution and dispensing of pandemic vaccine
- Coordinate communications with healthcare organizations regarding policy issues, screening criteria and logistics.
- Activate Health and Area Medical command as needed to support all aspects of planning, logistics, operations and finance during the pandemic response.
- Coordinate the mobilization of PHSKC staff, volunteers and contracted staff to staff Public Health and emergency operations
- Gather information from Healthcare Coalition partners to assess capabilities and needs of providers to vaccinate staff, patients and conduct public clinics
- Support the Imms Program in recruiting key healthcare partners to enroll in the pandemic vaccination program
- Coordinate with the EMS Division to develop tactical plans for countywide vaccination of EMS workers
- Support Healthcare for the Homeless team in administering vaccine to homeless shelter clients and staff
- Support tactical planning for the use of schools, community centers and other sites as public medication centers

B. PHSKC Imms Program

- Manage the pandemic vaccine ordering and distribution program (recruitment, enrollment, screening and ordering)
- Communicate with and enroll all Vaccine For Children program participants in the pandemic vaccine distribution program.
- Coordinate with Public Health Communications section and Northwest Healthcare Response Network to solicit and enroll additional healthcare providers.
- Enroll commercial vaccinator agencies and pharmacies in the pandemic vaccine distribution program.
- Receive updates on the timing and quantity of vaccine available for ordering, and provide status reports to the Health and Medical Area Command

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- Participate in planning and program management of the pandemic response

C. PHSKC Community Health Services

- Develop plans for activating and staffing Public Health Centers as vaccination sites during Phase 1 and 2.
- Participate with Preparedness, Imms Program and Communications in developing plans for vaccinating those who are vulnerable, including persons with limited access to healthcare and no means of paying vaccination fees.
- Participate with Preparedness in identifying appropriate facilities and staffing resources to serve as public medication centers
- Develop plans for vaccinating homeless clients and shelter staff

D. PHSKC Communications

- Develop public messages explaining the vaccination program, the reasons for prioritization, and providing answers to frequently asked questions
- Coordinate with Preparedness and Imms Program to inform healthcare providers about the pandemic vaccination program

E. PHSKC Logistics

- Coordinate with Imms Program to receive and store vaccine ordered for PHSKC centers and Healthcare for the Homeless
- Coordinate vaccine delivery to PHSKC sites with appropriate PHSKC divisions
- Establish and manage, if needed, a vaccine storage and distribution system for small providers who can not receive direct delivery of vaccine, utilizing the Downtown Public Health Pharmacy or Public Health Distribution Center as pickup locations
- Coordinate disposal of unused vaccine

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ATTACHMENT 2a

Protocol for Allocating, Distributing, Dispensing and Monitoring Cached Antiviral
Medications During an Influenza Pandemic

Revised October 22, 2013

Background

1. Supplies of antiviral medications currently stockpiled by PHSKC and received via the Strategic National Stockpile (SNS) will be utilized to treat ill patients and staff for influenza. The purpose of this annex is to describe the process HMAC will use to distribute and monitor supplies of antivirals from the local stockpile during a pandemic. These procedures may also be adapted for use during non-pandemic disease outbreaks when distribution of locally stockpiled antiviral medications is directed by the Local Health Officer.
2. It is not possible to predict in advance the severity or epidemiology of a future influenza pandemic. This protocol is based on estimates for influenza attack and hospitalization rates resulting from a severe 1918-like pandemic scenario derived using both HHS pandemic planning guidance, FluAid 2.0 and FluSurge 2.0, pandemic planning tools created by the Centers for Disease Control and Prevention. The actual rates may differ from these estimates. Specific data have been collected and incorporated into *Tab 2b: Antiviral Allocation Worksheet* regarding the overall number of potential healthcare workers, first responders and the general public in King County that could require antiviral treatment. Specific allocations for priority groups are also defined in *Tab 2b: Antiviral Allocation Worksheet*.
3. To the extent possible during an emerging pandemic, this antiviral drug allocation and use strategy will be revised as necessary to reflect the best available information on pandemic severity and epidemiology (E.g., impact and severity according to age group and other risk factors within the population), updated guidance for antiviral drug use (high-risk priority groups for receipt of antiviral drugs), and the most effective way to reach at-risk populations through the health care system. When feasible, allocations to in- and out-patient healthcare facilities will be proportional to the volume of high-risk patients seen who are prioritized for antiviral drug treatment.
4. Current national guidance prioritizes use of pandemic antiviral drug stockpiles for treatment, and not prophylaxis, of influenza infection. Updated guidance for use of allocated antiviral drugs during a pandemic will be provided at the time of antiviral drug allocation.

Goals

1. Ensure antiviral medications are available to hospitalized patients, healthcare workers, first responders, and patients with valid prescriptions for flu-like illness.
2. Establish efficient management, distribution and tracking of regional antiviral resources throughout a pandemic.

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3. Ensure King County healthcare organizations understand the allocation strategy for locally stockpiled medical resources in King County and the protocols associated with healthcare organizations receiving locally stockpiled medical supplies.

Assumptions

1. During a pandemic, limited supplies of antiviral medications may be available from commercial sources, heightening the need for plans to distribute locally stockpiled antiviral medications.
2. Distribution of locally stockpiled antiviral medications to dispensing partners may occur prior to significant levels of disease occurring in King County.
3. Organizations who partner with PHSKC to dispense locally stockpiled antiviral medications will do so without charging the patient for the medication.
4. Dispensing partners will likely receive a portion of their total allocation amount, and then be resupplied with the remaining balance of their allocation when resources drop below minimum levels.
5. Allocation amounts determined for each dispensing partner may be increased by HMAAC during a pandemic event if warranted based on case volume.
6. During a pandemic event that involves mobilization of the entire local stockpile of antiviral medications, facilities should assume that they will eventually receive their full allocation amount as defined in *Tab 2b: Antiviral Allocation Worksheet*.
7. When feasible, antiviral drug allocations will be dispensed in stages to allow adjustments to be made in allocation strategy if necessary based on the observed severity and epidemiology of the outbreak.

Policies

1. HMAAC, healthcare organizations, and all dispensing partners in King County will implement policy direction established by the Local Health Officer (LHO) regarding distribution and dispensing of antiviral medications during an influenza pandemic.
2. Medical resources from the SNS will be requested by the LHO through normal emergency management channels. All medical supplies from the SNS that are received within King County come under the direction and authority of the Local Health Officer. The LHO will determine, in conjunction with the Washington Department of Health, healthcare facilities, pharmacies and other partners, how medical resources will be distributed from federal and local stockpiles.
3. The LHO may alter this strategy during an influenza pandemic to reflect the best available information on pandemic severity and epidemiology, updated guidance for antiviral drug use, and the most effective way to reach at-risk populations through the health care system.

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4. PHSKC will ensure that antiviral distribution strategies account for priority group persons who are at risk of experiencing disproportionate outcomes from a health-related emergency, such as persons with limited English proficiency, immigrant populations, and those who are isolated and impoverished.
5. Depending on the severity of the pandemic strain, PHSKC may insist that healthcare partners participating in this protocol utilize local cache supplies of antiviral medications only to fill valid prescriptions, or in concurrence with a collaborative drug therapy agreement. During a moderate or severe pandemic, state and local health officials will assess the feasibility of requiring symptomatic patients to obtain a prescription prior to receiving antiviral medications.

Concept of Operations

1. Upon the World Health Organization declaring an influenza pandemic, HMAC will begin distributing antiviral stockpiles to one or more healthcare facilities as described below (“Initial Distribution”). Specific distribution amounts to each facility and sector are described in *Tab 2b: Antiviral Allocation Worksheet*. Tab 2b serves as a template and will be modified when a pandemic emerges to match the unique characteristics of the current threat.
2. Dispensing partners will be notified of the impending distribution of antivirals from the local cache and asked to confirm their willingness to participate and desired doses according to procedures referenced in section VII. Concept of Operations, A. Notifications of the medical countermeasures plan. (*Reference: Medical Countermeasures Plan, April 2013*)
3. HMAC will determine the need for mobilizing an initial distribution of locally stockpiled antiviral medications (“Initial Distribution”) to healthcare facilities, commercial pharmacies and EMS agencies based on:
 - A. Requests from healthcare facilities with dispensing capabilities
 - B. Availability of antiviral supplies in healthcare facilities, pharmacies, and pharmaceutical distributors
 - C. High patient volumes experienced or projected by in- and out-patient facilities and EMS providers
 - D. Contacting healthcare organizations and assessing their willingness and ability to receive locally stockpiled antiviral medications.

Initial Distribution

During the initial distribution of locally stockpiled antiviral medications, HMAC will leverage the following types of providers/facilities to push medications to priority groups:

- | | |
|--|-----------------------------|
| • Hospitals | • First Responders |
| • Community Antiviral Distribution Sites | • Long Term Care Facilities |
| • Tribal Clinics | • Home Health |
| • Ambulatory Care Clinics | • Public Health Centers |
| | • Pharmacies |

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A. Hospitals

i. Antiviral drug allocation for patients

Based on CDC guidance, a severe influenza pandemic may generate 60,000 patients within King County who require hospital care. This guidance also recommends using a multiplier of 80% to determine the overall number of hospital patients who would benefit from antiviral treatment during the pandemic. This results in a total of 48,000 hospitalized patients in King County who could require antiviral treatment.

This Plan reserves 48,000 courses of antiviral treatment for inpatient hospital facilities within King County. Initial allocations for specific hospital facilities will reflect peak bed capacity of each facility as a percentage of countywide peak bed capacity. When feasible, antiviral drug allocations will be dispensed in stages to allow adjustments to be made in allocation strategy if necessary based on the observed severity and epidemiology of the outbreak.

Example:

Total peak bed hospital capacity in King County = 4,000 beds

Hospital X peak bed capacity = 400 beds (10% of total)

Hospital X will receive 4800 courses of antiviral treatment (10% of total)

ii. Antiviral drug allocation for hospital-based healthcare workers

CDC guidance recommends using a multiplier of 35% to determine the number of hospital-based healthcare workers who may require antiviral treatment during a severe pandemic, then multiplying the resulting number by 0.8 to identify the number of healthcare workers who would benefit from such treatment. As a conservative estimate for planning purposes, this plan uses the 35% multiplier and allocates antiviral drug for 100% of this number of healthcare workers who may require antiviral treatment. Each hospital facility will receive an allocation of antivirals that totals 35% of their healthcare worker census for that facility. Based on 2010 hospital healthcare worker staffing figures, it is estimated that approximately 18,500 courses of treatment will be allocated for hospital healthcare workers. These numbers will be revised when updated figures are available.

Example:

Hospital X healthcare worker census = 3,000 staff

Hospital X will receive 1,050 courses of antiviral treatment for use in their healthcare workers (35% of total healthcare worker census)

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iii. Distribution

- a. A total of 20 hospitals are located within King County. Each hospital is prepared to receive medications from Public Health or other source and dispense to ill staff members and patients.
- b. Hospital pharmacy stock may be used to augment or substitute for locally cached resources. Hospitals may seek reimbursement for this action, if available, in accordance with the then current state or federal guidance.
- c. As a pandemic unfolds and an initial threshold is reached, PHSKC will push out 20% of total allocation as identified in *Tab 2b: Antiviral Allocation Worksheet* to all hospital facilities for hospital patients and staff. Within days to weeks, if needed, a second push will go out including all remaining supplies for each facility
- d. If a hospital receives and dispenses its entire allotment of locally stockpiled antiviral resources, HMAC will assess the availability of additional supplies within the local stockpile and distribute to hospitals in need, as possible.
- e. For large health systems, HMAC will coordinate delivery of the system's total allocation for hospitals and ambulatory care clinics to a single point and the health system will be responsible for distributing within their system.
- f. Locally stockpiled antiviral medications are packaged in cases containing 48 courses of treatment. Allocations of locally stockpiled antivirals will be distributed as full cases. Therefore, specific allocations for each hospital facility may be rounded up to the next full case.

B. Ambulatory Care Settings

i. Allocation to Patients

- a. For systems that provide outpatient clinical and dispensing services, including tribal clinics, antiviral drug allocations will be based, to the extent possible, on the anticipated volume of high-risk patients prioritized for antiviral drug treatment seen by the systems.
- b. When it is necessary for outpatient healthcare facilities to evaluate and treat persons that are not already established patients with that system during a pandemic response, antiviral drug allocations will be supplemented as supply permits.

ii. Allocation to healthcare workers

- a. Antiviral drug allocations for healthcare workers in ambulatory care facilities will be calculated as for hospital-based healthcare workers.

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- b. Specialty care clinics such as the Puget Sound Blood Center and Northwest Kidney Center will receive antiviral allocations for ill staff members (100% of their staff allocation) upon requesting these resources from HMAC if commercially available supplies are exhausted.
 - iii. Distribution
 - a. HMAC will distribute antiviral medications to outpatient clinics if commercially available supplies are exhausted and outpatient clinics are experiencing high patient volumes.
 - b. HMAC will provide an initial shipment of two cases (96 courses of adult antiviral treatment) to all outpatient clinics with dispensing capability identified in Tab 2b: Antiviral Allocation Worksheet that are willing and able to receive and dispense locally stockpiled supplies. When supplies at any given outpatient facility drop below 10 courses of treatment, HMAC Logistics will resupply the remaining allocation as defined in *Tab 2b: Antiviral Allocation Worksheet*, rounding up to the next full case.
 - c. For large health systems, HMAC will coordinate delivery of the system's total allocation to a single point and the health system will be responsible for distributing within their system.
 - d. Distribution of antiviral medications to ambulatory care and specialty care centers will be consistent with hospital distribution protocols.

C. Community Antiviral Distribution Sites

HMAC will designate a minimum of six community sites with internal dispensing capability, preferably at least two in each Emergency Management Zone, as community antiviral distribution sites. The locations of these sites will be communicated by Public Health to healthcare providers across King County. These sites will fill valid prescriptions for antiviral medications free of charge to individuals who are uninsured and do not have the ability to pay a dispensing fee for the medications.

Upon an initial distribution of locally stockpiled antivirals, HMAC will provide two cases (48 courses of treatment per case) of adult antiviral medications to each community antiviral distribution site. When supplies at any given facility drop below 10 courses of treatment, HMAC Logistics will resupply the remaining allocation as defined in *Tab 2b: Antiviral Allocation Worksheet*, rounding up to the next full case.

For large systems, HMAC will coordinate delivery of the system's total allocation to a single point and the system will be responsible for distributing within their system.

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D. Tribal Clinics

Upon an initial distribution of locally stockpiled antiviral medications, HMAC (Logistics) will provide two cases (48 courses of treatment per case) of adult antiviral medications to each Tribal Clinic.

When supplies at any Tribal Clinic facility drop below 10 courses of treatment, HMAC Logistics will resupply the remaining allocation as defined in *Tab 2b: Antiviral Allocation Worksheet*, rounding up to the next full case.

E. Home Health

- i. Allocation to healthcare workers
Antiviral drug allocations for home healthcare workers will be calculated as for hospital-based healthcare workers. It is unlikely that antiviral medications would be pushed to home health patients via their home healthcare provider.
- ii. Distribution
Antiviral medications may be requested by home health agencies for their staff through the HMAC, and picked up by home health agency representatives at designated PHSKC distribution points, in full case amounts.

F. Nursing Homes

- i. Allocation
PHSKC will receive and fill requests from nursing homes for antiviral medications, as supplies allow and based on the severity and epidemiology of the outbreak. Antiviral medications may be requested by nursing homes for their staff and patients through the HMAC, and picked up by nursing home representatives at designated PHSKC distribution points. The methodology used for allocating antiviral supplies to nursing homes is identical to that of hospitals.
- ii. Distribution
HMAC will coordinate with long term care facilities, such as nursing homes and boarding homes, throughout a pandemic to assess their need for antiviral medications. Individual facilities may receive authorization by the Area Command to pick up antiviral medications at designated PHSKC distribution points for ill staff and residents, in full case increments.

G. First Responders

- i. Allocation
First responders eligible to receive antivirals from the local cache include local EMS (public and private), fire, law enforcement, corrections, 911 dispatch, mortuary, and designated mental health response staff. This target population may be restricted by the Local Health Officer during pandemics of low severity

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to EMS workers who provide direct patient contact. Antiviral drug allocations for first responders are calculated as for hospital-based healthcare workers and are included in *Tab 2b: Antiviral Allocation Worksheet*.

- ii. Distribution
 - a. Upon an initial distribution of antivirals from the local cache, HMAC (HMAC Logistics) will provide 50% of the overall First Responder antiviral allocation to Advanced Life Support providers in King County according to the *PHSKC EMS Antiviral Distribution Plan, August 2009*.
 - b. When supplies for any given EMS provider drop below 10 courses of treatment, HMAC will resupply that provider with their remaining allocation, rounding up to the next full case.

H. Pharmacies

Chain and independent pharmacies in King County, including ethnic pharmacies, who agree to receive and dispense antiviral medication from public stockpiles to the public on behalf of the Local Health Officer, will be allocated antiviral medications as supplies permit based on the severity and epidemiology of the outbreak and in a manner that ensures adequate geographic coverage and access across the County.

I. Healthcare Systems

PHSKC and surrounding counties in the Puget Sound region will coordinate allocation figures for antiviral medications for hospitals and ambulatory care clinics within each county. For healthcare systems with facilities that span multiple counties, final allocation numbers for all facilities within that system will be aggregated across the counties they serve. This will result in a single allocation number for each multicounty healthcare system and a single distribution location for delivery of medications from state and local stockpiles.

J. Alternate Care Facilities

HMAC will provide an allocation of antiviral supplies to each Alternate Care Facility (ACF), if activated during a pandemic. ACFs will dispense antiviral medications to all eligible, symptomatic inpatients and all ill ACF workers. Each ACF will be allocated an initial supply for patients and staff as identified in *Tab 2b: Antiviral Allocation Worksheet*. HMAC (HMAC Logistics) will resupply each ACF as needed based on patient volumes.

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Distribution of Remaining Cache

1. Following initial distribution from the cache, HMAc will push remaining supplies by resupplying providers/sites identified above and expanding distribution to pharmacies.
2. Retail Pharmacies
 - A. After an initial bolus of medications has been distributed through the channels outlined above (“Initial Distribution”), the Area Commander will determine whether retail pharmacies should receive and dispense local stockpiles of antiviral medications based upon:
 - availability of antiviral medications in the retail pharmacy system and anticipated resupply dates
 - demand for antiviral medications from community antiviral distribution sites
 - requests from pharmacy chains for additional supplies
 - B. The number of pharmacies that receive local supplies of antiviral medications and the amount they receive will depend upon anticipated patient volumes and will be decided by the Local Health Officer during the response.
 - C. Participating pharmacies will initially receive two cases (48 courses of treatment per case) of antiviral medications from HMAc for pharmacy staff and eligible patients.
 - D. HMAc will coordinate with the Washington State Pharmacy Association to continually assess the status and availability of antiviral supplies through the supply chain in King County. The allocation of local cache supplies of antiviral medications to pharmacies will depend, in part, on the interest and ability of the pharmacy to participate in this protocol, pharmacy participation in the Washington Statewide Pharmacy-Local Health Jurisdiction Memorandum of Understanding, current supplies on hand, and the degree to which commercially available supplies in the short and long term will be constrained.
 - E. If distribution to pharmacies occurs under the Washington Statewide Pharmacy-Local Health Jurisdiction Memorandum of Understanding, distribution will follow procedures outlined in the agreement’s operational plan.
 - F. For large chains, HMAc Logistics will coordinate delivery of the chain’s total allocation to a single point and the chain will be responsible for distributing within their system.

Inventory Monitoring

1. Organizations may request antivirals through HMAc by filling out the Antiviral Withdrawal Form. Upon approval. HMAc will complete the Antiviral Withdrawal Form and send to the Public Health Downtown Pharmacy for processing.
2. HMAc will develop and distribute inventory tracking tools to all facilities receiving antiviral supplies from PHSKC. All facilities will document the usage of antiviral medications and remaining inventories, and provide such reports to HMAc at regular intervals determined at

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the time of the event. Inventory reporting will be maintained throughout the duration of the pandemic and suspended only when all unused medications are returned to PHSKC. This does not preclude HMAC from adjusting the frequency or conditions that would warrant continued submission of inventory reports.

Collection and Disposal

1. Once the decision has been made by HMAC to discontinue antiviral dispensing operations, HMAC will contact all dispensing partners with instructions to terminate and demobilize dispensing operations.
2. HMAC will send instructions on how to return or dispose of unused assets and other resources.

Tabs

- 2b Antiviral allocation worksheet
- 2c Information packet for antiviral distribution sites

References

- Washington Statewide Pharmacy-Local Health Jurisdiction Memorandum of Understanding
- Northwest Center for Public Health Practice Pharmacy Emergency Dispensing Toolkit
- First Responder Distribution Plan



Antiviral Distribution Agreement
Between [Organization Name] and Public Health – Seattle & King County

This agreement is made and entered into between the Seattle-King County Department of Public Health, also known as Public Health – Seattle & King County (“PHSKC”) and [Organization Name]. In response to the current seasonal flu situation, PHSKC has decided to provide antivirals to uninsured and low income individuals.

[Organization Name] Agrees to:

- Assist PHSKC distribute antivirals to uninsured and low income individuals, in King and Pierce County, Washington.
- Re-label antiviral medications received from PHSKC with a valid expiration date according to the attached Shelf Life Extension documentation in Attachment D.
- Adhere to clinical guidance developed by PHSKC and included in Attachment A.
- Waive any administrative fees associated with dispensing medications to individuals.
- Not require documentation for insurance or income status for dispensing antivirals.
- Store all medications consistent with manufacturer’s guidelines.
- Upon receipt of an antiviral prescription form, pharmacies will dispense antivirals to individuals who are uninsured or who cannot pay for the antivirals. Prescribing physicians may annotate “NO COST” on a patient’s prescription form, which will indicate that the patient should receive medications from the PHSKC cache.
- In addition, The Franciscan Health System pharmacists may, at their discretion, dispense antivirals from the PHSKC cache to patients with valid prescriptions which have not been marked “NO COST” by the prescribing physician if, in the judgment of the pharmacist, the patient is unable to afford the cost of the medication.
- Report inventory levels and usage for sites receiving antiviral supplies from the PHSKC cache will use form in Attachment B.
- Redistribute antiviral supplies between pharmacy sites at their discretion to ensure adequate supplies are available at all sites.
- Return any unused antiviral supplies to PHSKC at a date and time mutually agreed upon by the provider and PHSKC.

PHSKC Agrees to:

- Partner with the Tacoma – Pierce County Health Department to provide efficient communication and response across the two counties.
- Deliver Tamiflu from the PHSKC cache to specify The Franciscan Health System locations identified in Attachment C.
- Respond to resupply requests from The Franciscan Health System to resupply as mutually agreed upon by both PHSKC and The Franciscan Health System.

Contact information for resupply:

Medical Countermeasures Program Manager
(206) XXX-XXXX office



Provide information about this agreement to healthcare providers, so that they may inform low income patients with valid prescriptions for antivirals where medications are available.

Name

Name

Address

Address

City, State, Zip Code

City, State, Zip Code

Telephone Number

Telephone Number



Antiviral Withdrawal Form

Form instructions:

Date of Request: _____

1. The requesting organization will fill out the first page of this form and then email the entire form to HealthEOC@kingcounty.gov with "Antiviral Withdrawal" in the subject line.
2. Upon approval, Public Health – Seattle & King County (PHSKC) will fill out the approver information on the second page and coordinate a pick-up time and date with the requesting organization.
3. The approved request will then be emailed (blind cc'd) to the PHSKC Downtown pharmacy and the requesting organization. Email outline:
 - a. *Subject line:* "Approved Antiviral Withdrawal"
 - b. *Attachment:* filled out Antiviral Withdrawal Form
 - c. *Body of email:* time and date of antiviral pick-up
4. The PHSKC Downtown pharmacy will assign a control number or barcode to the requesting organization, annotate the number on page two, and then scan out the approved number of antivirals to the requesting organization.
5. The requesting organization will sign and date that they have received the antivirals.
6. The PHSKC Downtown pharmacy will retain the filled-out Antiviral Withdrawal Form in their filing system and notify the PHSKC approver that the order has been filled.

Requesting organization:

Contact (Printed Name): _____

Title: _____

Phone #: _____

E-Mail: _____

Number of **bottles** (10 tablets/bottle) requested _____

Product will be picked up from the Downtown Seattle Public Health Center Pharmacy, located at 2124 4th Ave, Seattle between the hours of 8:00 -12:30 and 1:30 PM- 4:30 PM (Parking in the back by the door, Pharmacy window just inside the door), with the following conditions:

- Antiviral chemoprophylaxis must be administered according to terms of use (page 3)

Antivirals will be picked-up by (Printed full Name): _____

Office Phone # _____

Cell Phone # _____



To be filled out by PHSKC Personnel Only

This form authorizes _____ to pick up _____ **bottles** (10 tablets/bottle) of Tamiflu

Name of Pharmacy/Organization

Approved by PHSKC (Printed Name): _____

Title: _____

Phone
#: _____

Pick-up Time &
Date: _____

Signature: _____

Date: _____

PHSKC Downtown Pharmacy Issuer (Print Name): _____

Assigned requesting organization control #: _____

Signature of Requesting Organization (upon receipt): _____

Date: _____



Clinical Guidance

Beginning DATE, Public Health - Seattle & King County is providing Tamiflu (oseltamivir) 75 mg tablets from the County stockpile through certain community pharmacies at no cost for treatment of influenza in patients who cannot access and/or pay for the drugs elsewhere (pharmacy service only - no clinical services are available at the dispensary). For dispensing site locations, see page two of this alert.

- **To receive no cost oseltamivir medications:**
 - Patients MUST have a valid prescription (Rx) and should meet CDC criteria for treatment or chemoprophylaxis (excerpt below, see CDC site for full guidelines).
 - Rx must have prescribing physician's name and contact number legible.
 - The prescribing clinician must write "NO COST" on the Rx
- This supply of oseltamivir is intended to treat **1)** people with risk factors for severe influenza and, **2)** out-patients with influenza illness requiring treatment; **3)** influenza antiviral drugs from the stockpile may also be used for chemoprophylaxis of high risk persons. This supply is **not** intended for use in generally healthy persons with uncomplicated influenza or in persons who are recovering from influenza. Pediatric (liquid) formulation from the manufacturer is not available; however pharmacies can compound a limited amount of oral solution for pediatric use for patients who cannot access the solution elsewhere (call pharmacy).
- Persons with suspected influenza and severe symptoms such as evidence of lower respiratory tract infection or clinical deterioration should receive prompt empiric antiviral therapy. Early empiric antiviral treatment should be considered for persons with suspected or confirmed influenza who are at higher risk for complications including:
 - Pregnant women (up to 2 weeks postpartum, including following pregnancy loss)
 - Children younger than 2 years old
 - Persons aged 65 years or older
 - Persons of any age with certain chronic medical conditions or immune suppression, including:
 - Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological, or metabolic disorders (including diabetes mellitus)
 - Disorders that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders)
 - Immunosuppression, including that caused by medications or by HIV
 - Persons younger than 19 years of age who are receiving long-term aspirin therapy
 - Children aged 2 years to 4 years without high risk conditions and with mild illness do not necessarily require antiviral treatment.
 - Morbid obesity
 - Native American/Alaska Native persons



- Please see complete guidelines on antiviral drug treatment and PEP considerations on the CDC website: <http://www.cdc.gov/flu/professionals/antivirals/>
- More information is also available at www.kingcounty.gov/health/flu

Terms of Use

Public Health – Seattle & King County Regional Medication Cache Terms of Use

1. Tamiflu (oseltamivir) 75 mg tablets provided from the regional cache will be dispensed to a specific population based on the type of provider dispensing the medication.

Dispensing Organization Type	May Dispense To
Community Dispensing Sites	<ul style="list-style-type: none"> • Anyone (patients and staff) with a valid prescription indicating medications should be dispensed from the Public Health cache • Anyone (patients and staff) with a valid prescription who indicates an inability to pay for the prescription
Pharmacy	
Hospitals	
Ambulatory Care	

2. Oseltamivir received from the regional cache will be dispensed by providers at no cost to patients meeting the following criteria:
 - a. Individuals who request free or low cost Tamiflu 75 mg tablets and meet the eligibility requirements of the program
 - b. Individuals who, at the discretion of Pharmacy staff, are unable to afford the cost of the antivirals
3. No documentation for household income or insurance status is required
4. Pharmacies must waive administration fee for antivirals provided from this stockpile for patients who request it
5. Providers will adhere to clinical guidance developed by PHSKC and included in this packet
6. Providers receiving Oseltamivir from the regional cache will store all medications consistent with manufacturer's guidelines
7. Providers receiving Oseltamivir from the regional cache will report inventory levels and usage according to a format and schedule determined by PHSKC
8. Providers will:
 - a. Must report inventory levels and usage data according to a format and schedule determined by PHSKC
 - b. May be asked to report patient data and trends on patients receiving Tamiflu
 - c. May not repack, sell, or otherwise collect receive any monetary compensation for dispensing antiviral received from the Regional Antiviral Cache.
9. Redistribute supplies across sites at providers discretion to ensure adequate supplies are available at each site
10. Providers will return any unused antiviral supplies to PHSKC at a date and time mutually agreed upon by the provider and PHSKC.
11. PHSKC will respond to resupply requests to resupply as mutually agreed upon by both parties. Contact information for resupply requests:

Medical Countermeasures Program Manager
206-XXX-XXXX office

12. PHSKC will provide instructions to healthcare providers so that they may inform low income patients where free or low cost Tamiflu is available.

Medication Receipt Form

Organization Name:

Organization Type:

- ☐ Hospital and clinic system
- ☐ Ambulatory care provider
- ☐ Pharmacy
- ☐ Community dispensing site (e.g. community health center or public health center)

Receiving Contact

Contact #1	Contact #2
Name:	Name:
Desk Phone:	Desk Phone:
Cell Phone:	Cell Phone:
Email:	Email:

Shipping Details

Address:

City, State, Zip:

GPS Coordinates:

Need to make changes? Call the Public Health Duty Officer at [Phone] or email [email].



Phone script

(Q1) Do you have Tamiflu in stock?		
YES	NO	
Yes	Thank them and end the call.	
(Q2) How much do you charge for Tamiflu?		
<p><i>A: If you have health insurance, the amount you pay depends on whether the Tamiflu is covered by your plan and the specifics of your coverage.</i></p>		
(Q3) How much would it cost me if my insurance does not cover it?		
<p><i>A: If Tamiflu is not covered by your insurance plan, or if you do not have health insurance -- free Tamiflu is being provided by Public Health – Seattle & King County for a limited time for those who can't afford it. Pharmacies may charge a fee up to \$15.60 to dispense the Tamiflu. In comparison, the normal cost of Tamiflu without insurance is from \$60-\$100. People who cannot afford the \$15.60 fee can ask to have the fee waived, then the medication costs nothing.</i></p>		
(Q4) Does your pharmacy have free Tamiflu for adults from the health department?		
YES	NO	
Yes	Other pharmacies in your system participate, but not this location	Your pharmacy system is not participating or the program has ended
	Refer caller to locations within your system that offer the free medication	<p><i>Low-cost antiviral medications for children and adults are available from many community health care centers and clinics. Check with your healthcare provider to see if they offer low-cost antiviral medications. There is also more information on the Public Health website at [link TBD].</i></p> <p><i>Thank them and end the call.</i></p>
Thank you (END)		

Public Health - Seattle & King County's (PHSKC) Regional Antiviral Cache Tracking and Dispensing Form

Oseltamavir (Brand Name Tamiflu[®])

This form is due every Monday by 12:00/noon via EMAIL to healtheoc@kingcounty.gov

Organization Name:

Data on this form is valid from the following dates: _____ through _____

Person Completing This Form:

Name: _____ Title: _____

Phone: _____ Email: _____

Inventory Data

	Amount dispensed this week	Amount dispensed to date	Comments or trends PHSKC should be aware of
Tamiflu 75 mg			

☐ We had no change in inventory and dispensing data from last week.

☐ By checking this box, I am attesting that this data is accurate and my organization is complying with the Regional Antiviral Cache Terms of Use.¹⁻⁶

Name: _____ Title: _____ Date: _____

1. Oseltamivir provided from the Regional Antiviral Cache will be dispensed to a specific population based on the type of provider dispensing the medication.
2. Antiviral dispensing plans will only be activated at a time and date agreed upon by providers and PHSKC.
3. Oseltamivir received from the Regional Antiviral Cache will be dispensed by providers at no cost to recipients.
4. Providers receiving antiviral supplies from the Regional Antiviral Cache will store all medications consistent with manufacturer's guidelines.
5. Providers receiving antiviral supplies from the Regional Antiviral Cache will report inventory levels and usage according to a format and schedule determined by PHSKC.

Providers will return any unused antiviral supplies to PHSKC at a date and time mutually agreed upon by the provider and PHSKC

Regional Medication Cache Return Form

Date: _____ PH Order Number: _____

Phone number: _____ Customer Number: _____

Facility name: _____ Contact Name (printed): _____

Address: _____ Contact Name (signature): _____

City: _____ State: **WA** Zip code: _____

<i>Description</i>	<i>Courses</i>	<i>Lot #</i>	<i>Quantity Returning</i>
Tamiflu (oseltamivir) 75 mg tablets			

Attachment 3					
Protective Measures to Reduce the Spread of Pandemic Influenza					
					4-Nov-13
Pandemic Phase					
			Alert	Pandemic	
Possible Protective Measures	Public information and education campaign				
	Individual isolation of influenza cases				
	Quarantine close contacts of influenza cases				
	Recommend the public defer travel to countries impacted by pandemic				
	Close one or more public or private schools, licensed day care centers				
	Limit social interaction at libraries, colleges and universities				
	Notify public and private sector to implement pandemic emergency plans				
	Suspend government functions not dedicated to pandemic response or critical continuity.				
	Suspend large public gatherings (sports events, concerts)				
	Close theaters and other places where crowds gather				
	Recommend use of public transit only for essential travel				
			-----	Consider implementing protective measure	
			-----	Implement protective measure	

Public Health – Seattle & King County
Pandemic Influenza Response Plan

ATTACHMENT 4

Graded Implementation of Social Distancing Measures

Nov. 2013

Phase	Level of Influenza Activity in King County	Possible PHSKC Response Actions (response measures implemented by decision makers will be based on specific health circumstances)
Interpandemic	Novel influenza virus infecting humans abroad; no human-to-human transmission; no cases in the U.S.	<ul style="list-style-type: none"> ○ Preparedness planning with partners ○ Business continuity planning ○ Educate response partners ○ Initiate public education campaign ○ Stockpile antiviral medications and essential supplies
Alert	Limited human-to-human transmission of novel influenza virus abroad; small number of local cases may begin appearing, however all are either imported or have clear epidemiologic links to other cases	<ul style="list-style-type: none"> ○ Isolation of all cases ○ Quarantine of close contacts ○ Recommend KC residents defer travel to countries or areas of the U.S. impacted by the novel virus, as per CDC guidance ○ Recommend KC residents avoid close contact with other persons to the extent possible by curtailing travel and non-essential contact with other persons
Pandemic	Sustained novel influenza virus transmission in King County with a large number of cases identified	<ul style="list-style-type: none"> ○ Isolation of all cases ○ Close one or more public or private schools (K-12), licensed day care centers ○ Limit social interaction at colleges, universities, and libraries ○ Notify government and businesses to implement pandemic emergency plans
	Rate of infection continues to increase following school and child care center closures and social distancing in government agencies and businesses.	<ul style="list-style-type: none"> ○ Close theaters, stadiums, community centers ○ Cancel all large public gatherings ○ Limit social interaction at houses of worship ○ Recommend mass transit be used only for essential travel
	Sustained novel influenza activity in King County with widespread, countywide impact	<ul style="list-style-type: none"> ○ Consider suspending government functions not dedicated to pandemic response or critical continuity

ATTACHMENT 5
MULTI-JURISDICTIONAL COORDINATION OF
SOCIAL DISTANCING DECISIONS

Overview

A key component of local and state influenza pandemic response plans is an assessment of social distancing measures, and the authorities and circumstances under which they may be implemented within a specific jurisdiction. Nearly all social distancing measures may have economic and social impacts across multiple jurisdictions. Therefore, influenza pandemic response plans must include protocols that describe how decisions regarding the implementation of social distancing measures (including specific measures, timing and geographic scope) will be:

- ☐ made locally
- ☐ coordinated regionally, and
- ☐ communicated to appropriate stakeholders.

Purpose

The purpose of this protocol is to provide a decision tool for use by PHSKC in conjunction with local health departments across the state and DOH during an influenza pandemic. This protocol will assist the ESF 8 Area Command and Local Health Officer with efficiently notifying key partners in the region, coordinating the timing and scope of social distancing measures to be implemented, and providing a mechanism to facilitate consensus. Specific components addressed within the protocol include:

- ☐ Types of social distancing measures to be considered for possible implementation;
- ☐ Assessment of the social and economic impacts of each social distancing measure;
- ☐ Phased and / or simultaneous implementation of specific social distancing measures;
- ☐ Primary stakeholders involved in discussing the impacts and implementation of each social distancing measure;
- ☐ Coordinating and communicating decisions to all key stakeholders regarding the implementation of social distancing measures within a specific jurisdiction.

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Assumptions

Implementation of this protocol is based, in part, on one or more of the following planning assumptions:

- ☐ Pandemic influenza strain is spreading from person to person in several locations around the world;
- ☐ The WHO has declared Global Pandemic;
- ☐ Cases of pandemic influenza are present within the Puget Sound region;
- ☐ Public Health – Seattle & King County has activate the ESF 8 Area Command to coordinate response actions and incident information.

Types of Social Distancing Measures to be Addressed

1. Notify government agencies to implement pandemic emergency response plans within their facilities. Plans would include several response measures that could be implemented based on the severity of the event (telecommuting, flex shifting, activation of emergency personnel policies, increased staff education).

All local government agencies would activate pandemic emergency response plans within government facilities. State and Federal officials would direct State and Federal agencies, respectively, to implement emergency plans within their facilities concurrent with local agencies. Plans may be phased to allow for escalation in conjunction with the severity of the incident.

2. Notify private sector to implement pandemic emergency response plans within their facilities. Plans would include several response measures that could be implemented based on the severity of the event (telecommuting, flex shifting, activation of emergency personnel policies, increased staff education).

All private sector and non-profit organizations within a jurisdiction would activate pandemic emergency response plans within their facilities. Plans may be phased to allow for escalation in conjunction with the severity of the incident.

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3. Dismiss students from public and private school facilities.

K-12 school facilities within a jurisdiction would be subject to dismissal of students by authority of the Local Health Officer. This could apply to a single facility, a school district or all schools in the county. Schools would be encouraged to incorporate web based learning and public access TV media into class curricula, and would encourage home schooling. Schools would provide parents and students with strong recommendations to avoid gathering with friends in other locations.

4. Minimize social interaction at all public and private colleges and universities.

All public and private college and university facilities would implement measures to minimize social interaction among students and faculty. Measures would include but not be limited to suspending classes, enhancing web-based learning, implementing telecommuting and flex shifting among staff, canceling all recreational activities (intramurals), closing student unions, closing student cafeterias, and canceling all large meetings and public gatherings.

5. Close licensed child care centers.

Licensed child care centers within the county would be subject to closure by authority of the Local Health Officer. This could include a single facility, multiple sites, or all child care centers in the county.

6. Implement measures to increase social distancing at all libraries.

All library facilities would modify operation to restrict the public from gathering in the facility. The public would only be allowed to enter a library facility to pick up materials requested / reserved on line or via telephone.

7. Limit activities at all houses of worship.

All large public gatherings at churches, synagogues, mosques, temples and other religious facilities would be suspended.

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8. Close all community centers.

All public, private, and non-profit facilities used for community gatherings would be closed.

9. Close all theaters.

All theaters (film and stage), concert halls, and opera houses would be closed.

10. Suspend large gatherings (sports events, concerts, parades).

All indoor and outdoor events that cater to large crowds such as sporting events, parades, concerts, and festivals would be suspended.

11. Suspend government functions not dedicated to pandemic response or associated with continuity of critical services.

All government activities and personnel will be focused on maintaining critical services and responding to the pandemic. Non-critical functions may be suspended in order to redirect staff to backfill employees performing critical tasks. This may be implemented in an escalating manner to match the severity of the incident.

12. Recommend that mass transit be used only for essential travel.

Mass transit will remain operational to the greatest extent possible throughout a pandemic. Government and the private sector will be directed to implement telecommuting and flex shifting to relieve the demand on mass transit systems. The public will be encouraged to use mass transit only for essential travel and only when other means are not available.

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Coordination of Social Distancing Decisions

This protocol incorporates a series of decision points. The decision process starts with the recognition of pandemic influenza infection within the state. The process proceeds with the decision made by the Local Health Officer to implement one or more social distancing measures within King County, coordinated among neighboring jurisdictions and with DOH, and communicated to all appropriate stakeholders. The key steps in the process are as follows:

- ❑ Illness reports and surveillance data, or information from national public health authorities (CDC), leads the Chief of Communicable Disease Control to determine that social distancing actions may be needed in King County *[Refer to Appendix F, Threshold Determinants for the Use of Social Distancing Measures]*.
- ❑ DOH facilitates a conference call with all local health jurisdictions to discuss epidemiological data, social distancing activities occurring nationwide and internationally, social distancing measures under consideration in Washington, and the potential timing and duration of these measures.
- ❑ The Local Health Officer works to achieve consensus, where appropriate, among local health departments in the Puget Sound Region on the type and timing of social distancing measures
- ❑ On follow up conference calls, public information officers for local health jurisdictions and DOH coordinate timing and content of public messaging.

Social Distancing Discussion

The Local Health Officer and Chief of Communicable Disease Control may raise one or more of the following issues during the DOH conference call:

1. Current disease surveillance data within local health jurisdictions, and at the regional and national level;
2. Available information and guidance regarding the efficacy and adverse impacts of social distancing measures already in effect nationally and internationally;
3. Specific social distancing measures under consideration and the criteria for the timing and duration of implementation;

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4. Implementation of social distancing measures and emergency staffing plans within State and Federal agency facilities concurrent with local decisions;
5. Implementation of social distancing measures on tribal lands;
6. Whether State or Federal authorities will be invoked regarding any or all social distancing measures within the State;
7. Timing of notifications to response partners and the public;
8. Establishing consistency regarding the timing and public announcement of social distancing measures between all local jurisdictions.

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Implementation

Each county will implement social distancing measures in a phased manner. Each Action Step listed below describes a series of measures that would be implemented concurrently. Action Steps would be taken in sequential order based on the escalating severity of the event. *[Note: Local Health Jurisdictions may decide to implement Action Steps concurrently if warranted by local conditions such as high rate of disease spread and severity of illness.]*

Action Step #1

- ☐ Close one or more public or private schools, licensed child care centers.
- ☐ Increase social distancing at all libraries and public and private colleges and universities.
- ☐ Notify government agencies to implement pandemic emergency plans.
- ☐ Notify private sector to implement pandemic emergency staffing plans .

Rationale: *Soon after an influenza pandemic arrives in the local area, one or more schools (K-12) or day care centers may be closed to decrease social interaction and slow the spread of the disease. This Action Step would be implemented when very few cases have been reported in the local area. Libraries, colleges and universities would implement measures as directed by the Local Health Officer. Concurrent with this action, emergency plans for public and private sector agencies and universities would be activated to prioritize staff, clients and customers enable a significant portion of the workforce to remain functional during the pandemic.*

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Action Step #2

- ☐ Limit activities at all houses of worship.
- ☐ Close all community centers.
- ☐ Close all theaters.
- ☐ Suspend large gatherings (sports events, concerts, parades).
- ☐ Recommend that mass transit be used only for essential travel.

Rationale: Measures within Action Step #2 reflect limitations on recreational / spiritual public gatherings in an effort to further contain the spread of disease throughout the local community. Action Step #2 would likely be implemented following Action Step #1, and would occur if infection rates continued to rise significantly following the closure of schools and implementation of emergency staffing plans. Delaying the implementation of Action Step #2 may be appropriate during an influenza pandemic to ensure that available surveillance data warrant increased social distancing response. This approach will also help minimize social disruption and economic loss in the community.

Action Step #3

- ☐ Suspend government functions not dedicated to pandemic response or associated with continuity of critical services.

Rationale: Action Step #3 focuses on further limiting exposure of the public by fully implementing business continuity plans for public and private sector in a manner consistent with a worst-case influenza pandemic event.

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Table 1
Social Distancing Measures, Impacts and Stakeholders

Measure	Economic Impacts	Social Impacts	Stakeholders
Direct government agencies to implement pandemic emergency staffing plans (telecommuting, flex shifting)	3	1	All government agencies within the scope of authority
Encourage private sector to implement pandemic emergency plans	3	1	All private businesses, non-profit organizations, business associations
Close one or more public or private schools.	4	4	All school superintendents and private school directors
Minimize social interaction at all public and private colleges and universities	2	2	All college and university presidents
Close one or more child care centers	4	4	All public and private child care center directors
Minimize social interaction at all libraries	1	1	All library facility managers
Limit activities at all houses of worship	1	2	All faith-based organizations
Close all community centers	1	1	All public and private facility managers
Close all theaters	1	1	All public and private facility managers
Suspend large gatherings (sports events, concerts, parades)	2	2	All facility operators, event organizers, permitting jurisdictions
Suspend government functions not dedicated to pandemic response or associated with continuity of critical services	3	3	All government agencies within the scope of authority
Recommend that mass transit be used only for essential travel	2	2	Mass Transit agencies

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Table 1
Social Distancing Measures, Impacts and Stakeholders

Economic Impacts:	1 = minor (minimal short and long term impacts jurisdiction-wide; specific facilities may experience major impacts) 2 = moderate (noticeable short term impacts to business and government but manageable in the long term for moderate and large organizations) 3 = significant (major short term economic impacts jurisdiction-wide, governments will allocate significant resources to maintain emergency response actions and critical infrastructure) 4 = extreme (major disruption of operations for all businesses and governments; long term economic impacts jurisdiction-wide)
Social Impacts:	1 = minor (minimal impacts on community functions or public well being) 2 = moderate (noticeable short term social impacts to communities; significant hardships created for some members of the community) 3 = significant (major short term social impacts jurisdiction-wide; widespread disruption of normal societal functions) 4 = extreme (major disruption of social fabric)
Stakeholder:	Party that will be directed to modify operations in order to comply with social distancing orders.

Attachment 6							
Decision Making for Social Distancing Measures, Risk Communications and Public Education							
		Decision Makers			21-Jun-10		
		Local Health Officer	KC Executive	City Mayors	[Notes]		
Protective Measures	Direction and structuring of healthcare system resources and operations				Managed through the ESF 8 Area Command and Multi-Agency Coordinating Group		
	Individual isolation of influenza cases				Supported by the ESF 8 Area Command		
	Quarantine close contacts of influenza cases				Supported by the ESF 8 Area Command		
	Risk Communications messaging to response partners, the public and the media				Conducted through a Joint Information Center with health messaging led by PHSKC		
	Public education campaign on flu prevention				Led by the PHSKC Public Information Officer		
	Recommend the public defer travel to countries impacted by pandemic				LHO may issue a public health recommendation; local elected leaders may voice support		
	Notify public and private sector to implement pandemic emergency plans				LHO may issue a public health recommendation; local elected and business leaders may voice support		
	Close one or more public or private schools, licensed child care centers				Decisions are made by the LHO and coordinated with all parties.		
	Limit social interaction at libraries, colleges and universities				Decisions are made by the LHO and coordinated with all parties.		
	Close theaters, stadiums and other places where crowds gather				Decisions are made by the LHO and coordinated with all parties.		
	Suspend large gatherings (religious services, sports events, concerts)				Decisions are made by the LHO and coordinated with all parties.		
	Suspend government functions not dedicated to pandemic response or critical continuity.				Decisions are made jointly by all parties on a countywide basis.		
	Encourage use of public transit only for essential travel				All decision makers will jointly determine when to recommend that the public limit use of public transit.		
			----- Lead Decision Maker: Exercises the legal authorities of their position				
			----- Support Decision Maker: Publicly acknowledges and supports the decision				
		May jointly exercise their legal authority in conjunction with the Lead Decision Maker.					
		----- Joint Decision Makers: Decisions are made and communicated concurrently by all involved					

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**Attachment 7
Threshold Determinants for the Use of Social Distancing Measures**

June 1, 2006

Parameters	Disease-Related Factors Considered When Making Social Distancing Decisions
Influenza Cases	<p>King County</p> <ul style="list-style-type: none"> <input type="checkbox"/> Total number of cases (absolute or estimated) <input type="checkbox"/> Rate of increase in number of cases (per day, per week) <input type="checkbox"/> Percentage of cases with no identified epidemiologic link <input type="checkbox"/> Populations affected including number and percentage of cases among: <ul style="list-style-type: none"> → Children → Adults between 18 and 40 → Elderly → Persons with underlying medical conditions → Other risk factors <input type="checkbox"/> Severity of illness including: <ul style="list-style-type: none"> → Number of cases hospitalized → Number of fatalities and percentage of hospitalized cases resulting in fatality <p>Outside King County</p> <ul style="list-style-type: none"> <input type="checkbox"/> Severity of illness, populations affected, and rate of spread in other communities (globally, nationally, statewide)
Surveillance and Monitoring	<ul style="list-style-type: none"> <input type="checkbox"/> Number of contacts under active surveillance by PHSKC <input type="checkbox"/> Ability to rapidly trace contacts (number of contacts not traced or interviewed) <input type="checkbox"/> Absenteeism rates in schools, government agencies, businesses
Response Measures	<ul style="list-style-type: none"> <input type="checkbox"/> Recommendations made by the CDC and / or Washington DOH to implement specific social distancing measures <input type="checkbox"/> Degree to which neighboring counties, states and British Columbia have implemented social distancing measures <input type="checkbox"/> Information regarding the effectiveness of social distancing measures in other communities

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ATTACHMENT 8
Avian Influenza Response Plan
June 1, 2006

Note: Roles and Responsibilities of the PHSKC Environmental Health Service's Zoonotic Disease, Solid Waste, and Food Safety Programs, the Communications Section, and the Communicable Disease Section

1. Background

Avian influenza type A viruses have been found in over 40 species of wild and domestic birds, and avian cases occur every year throughout the world. Low pathogenicity (based on *in vivo* mortality assay and sequencing of the virus hemagglutinin cleavage site) avian influenza (LPAI) occurs periodically in North America. Outbreaks of highly pathogenic avian influenza (HPAI) have also occurred in the US and in Canada, where a significant outbreak of HPAI subtype H7N3 occurred in British Columbia in 2004.

In the British Columbia outbreak of 2004, a LPAI strain was initially identified as the cause of slightly increased mortality in one barn of a commercial chicken farm, but two weeks later there was a sudden dramatic increase in deaths in a second barn on the same premises. Canadian officials ordered culling of all poultry flocks within a 5 km radius of the infected premises, but the virus spread outside the zone. Two months after the initial identification of HPAI new cases were still arising so all poultry in the Fraser Valley were ordered destroyed. By the time the outbreak was controlled, 19 million birds had been depopulated and HPAI had been confirmed in 42 of the 600 commercial poultry farms and 11 backyard flocks in the area. This outbreak also resulted in mild flu-like illness and conjunctivitis in two poultry workers (**Ref:** Tweed SA, et al. Human illness from avian influenza H7N3, British Columbia. *Emerging Infectious Diseases* 2004; 10: 2196-99.)

Avian influenza viruses are shed in the fecal droppings, saliva, and nasal discharges of some avian wildlife species and infected domestic poultry. Contaminated water is a common source of infection for birds. Many different subtypes of type A avian influenza have been identified. The H5 and H7 subtypes are those most often associated with morbidity and mortality in birds and outbreaks can result in severe economic damages for poultry producers. Since these cause disease primarily in domestic poultry, the Washington State Department of Agriculture (WSDA), in conjunction with the US Department of Agriculture (USDA), is the lead for non-human disease surveillance and for control if and when avian influenza is detected in King County or Washington State.

Avian influenza viruses rarely infect humans; however, the H5N1 subtype has been circulating in Southeast Asia since 1997 and, according to the World Health Organization, since 2003 is responsible for the largest epizootic of HPAI ever recorded. The current H5NA outbreak is of great concern to public health

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because the virus has shown the ability to spread to people by direct contact with infected poultry or exposure to environments contaminated by infected birds. Transmission to humans may also occur from inhalation of, or mucous membrane contact with, aerosolized virus in highly contaminated environments. As of early 2006, however, the H5N1 virus had accounted for only a relatively small number of human illnesses, and apparent person-to-person spread had been documented only very rarely.

H5N1 is considered to have the potential to become pandemic because it is a novel strain for the human population (i.e., no human immunity), and it has resulted in severe morbidity and mortality (approximately 50%) in the diagnosed human cases. To cause a human pandemic, the subtype would need to become capable of spreading easily from person to person, a capacity not yet demonstrated. However, public health concern was further heightened by recent studies which strongly suggest that the historic influenza pandemic of 1918-19 was caused by a highly pathogenic avian influenza virus that jumped from birds to humans (**Ref:** Taubenberger JK, et al. Characterization of the 1918 influenza virus polymerase genes. *Nature* 2005;437:889-93 and Tumpey TM, et al. Characterization of the 1918 Spanish influenza pandemic virus. *Science* 2005;310:77-89.)

Wild birds have likely contributed to the rapid spread of the most recent H5N1 avian influenza outbreaks in eastern Asia. Infection has been documented primarily, but not exclusively, in waterfowl and shore bird species. Data suggest that H5N1 is being spread by migrating waterfowl, some of which may be asymptomatic. There are also continuing reports of the transport of domestic fowl for food and sport (such as cock fighting) from affected areas to adjacent regions. The Asian H5N1 avian influenza strain has recently been confirmed in domestic and wild birds in Europe but there is no evidence that this strain exists in birds or humans at this time (February 2006) in the Western Hemisphere.

For more information:

For current data about avian influenza worldwide from the World Health Organization:
http://www.who.int/csr/disease/avian_influenza/avian_faqs/en/index.html.

Additional avian influenza information from a public health perspective is available from the Centers for Disease Control and Prevention (CDC) at:
<http://www.cdc.gov/flu/avian/>.

A summary of initial human cases is available in: WHO. Current concepts: Avian influenza (H5N1) infection in humans. *New England Journal of Medicine* 2005;353:1374-85.

Findings of H5N1 in Asian waterfowl are available in: Li KS, Guan Y, Wang J, et al. Genesis of a highly pathogenic and potentially pandemic H5N1 influenza virus

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in eastern Asia. *Nature* 2004; 430: 209-13 and Liu J, Xiao H, Lei F, et al. Highly pathogenic H5N1 influenza virus in migratory birds. *Science* 2005; 309: 1206.

Credits: Some material in the Background section was adapted from the NY State Pandemic Influenza Plan (2/7/2006) and the WA State Department of Health Communicable Disease Epidemiology Section (1/2006) and used with permission.

2. Plan objectives

- A. Define how Public Health will support those agencies that have primary responsibility for avian influenza surveillance in bird populations
- B. Define how Public Health will assist in control of avian influenza in bird populations
- C. Describe how Public Health will implement and conduct surveillance for suspected and confirmed cases of avian influenza in humans
- D. Describe prevention activities to be undertaken by Public Health to reduce the risk of transmission of avian influenza from birds to humans
- E. Delineate the roles and responsibilities of Public Health and other local, state and federal agencies and interagency communication procedures
- F. Summarize Public Health's public messaging and risk communications specific to avian influenza occurring in bird populations in King County, Washington state or neighboring states or countries

3. Avian Influenza Surveillance and Laboratory Testing of Birds

- A. The Washington State Department of Agriculture (WSDA), in cooperation with the US Department of Agriculture (USDA), has primary jurisdiction in conducting surveillance for avian influenza in poultry in Washington State. The Washington Department of Fish and Wildlife (WDFW), in cooperation with the US Department of the Interior, Fish and Wildlife Service, has primary responsibility for conducting surveillance for avian influenza in wild free-ranging birds. The Woodland Park Zoo, in conjunction with the American Zoo and Aquarium Association, conducts post-mortem examination of animal deaths at the zoo and conducts avian influenza testing when indicated.

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- B. Public Health's Environmental Health Zoonotic Disease (EHZD) Program supports WSDA and WDFW by:
- i. Maintaining avian mortality surveillance established for West Nile virus response, including receiving citizen and agency reports of bird deaths by telephone and web-based reporting; collecting data on bird species, date and location of death; GIS mapping of bird deaths; and epidemiologic analysis of mortality data. Because of the active West Nile virus program run by EHSD for the past 4 years, Public Health is widely recognized as a source for information about zoonotic diseases of avian origin, as well as the agency for reporting of dead birds.
 - ii. Submission of geographically representative dead birds for West Nile virus laboratory testing, with the option of selected birds also being tested for avian influenza virus.
 - iii. Accepting reports of sick or dead domestic or wild birds from citizens, triaging these calls to WSDA or WDFW as appropriate and, with WSDA or WDFW direction, assisting in collection of birds and shipping or transport to the Washington State University Avian Health & Food Safety Laboratory in Puyallup or other laboratory as directed.
 - iv. Publicizing avian influenza awareness and sick and dead bird reporting to community groups, citizens and businesses involved with domestic or wild birds including: 4-H, Seattle Tilth, Audubon Society, pet shops, feed stores, fairs, and animal exhibitions.

4. Avian Influenza Control in Poultry

A. WSDA Emergency Poultry Disease Management Plan

The WSDA has primary authority for control of avian influenza in poultry. In its Emergency Poultry Disease Management Plan, the agency establishes monitoring, response and recovery in the event of detection of emergency poultry diseases including highly pathogenic and low pathogenic H5/H7 avian influenza, exotic Newcastle disease (not a zoonosis), and other poultry diseases declared by the State Veterinarian. The measures that follow are specified in the Plan.

B. Incident Command

- i. In the event of identification of highly pathogenic avian influenza virus in birds, WSDA will use the standardized Incident Command

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System (ICS) and a Joint Information Center (JIC) and will include the participation of local, state and federal agencies.

- ii. Public Health—Seattle & King County will be represented if the infected bird(s) is from King County.

C. Quarantine

- i. When a positive diagnosis of either low or highly pathogenic avian influenza in poultry is established, WSDA will issue a quarantine order for the infected premises which prohibits movement of birds, litter, and manure in or out and allows movement of other animals, equipment, vehicles, feed and table eggs only by permit subject to specific procedures.
- ii. People living or working at a quarantined premise are subject to the local health officer's directives related to disease control. Disease control measures may include medical examination, testing, treatment, vaccination, decontamination, isolation, and quarantine.
- iii. The WSDA's statutory authority for premise quarantine is contained in RCW 16.36.010, Animal Health Quarantine—Hold Order. The local health officer's authority to implement disease control measures is contained in WAC 246-100-036(3) and WAC 246-100-040 to -070.
- iv. Public Health staff from EHSD and Communicable Disease programs will support WSDA's actions in establishing animal quarantine zones by communicating to citizens how these measures seek to limit further spread of avian influenza and reduce the risk of human infection. Communicable Disease staff will determine the need to initiate disease control measures for humans.
- v. EHSD staff will assist WSDA/USDA in epidemiologic investigations including trace-back or trace-forward of potentially infected animals, carcasses, or products.

D. Depopulation

- i. WSDA will humanely euthanize birds on infected premises, with the goal of accomplishing this within 24 hours of laboratory confirmation of infection.
- ii. Contacts of birds from infected premises and/or birds in a zone around the infected premises may also be depopulated as

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determined by the State Veterinarian and other WSDA/USDA officials.

- iii. Public Health personnel will not be directly involved in depopulation activities.

E. Disposal

- i. Dead poultry, bird litter, and manure will be disposed by approved methods which include on-site burial, disposal in a sanitary landfill, and composting.
- ii. Rendering is not approved for infected flocks. Incineration is not a preferred method but if chosen as a disposal option it would be subject to approval by Public Health and the Department of Ecology.
- iii. Staff from the Environmental Health Services Division's Zoonotic Disease and Solid Waste programs will consult with WSDA on disposal options, assure that disposal is done in accordance with Seattle-King County statutes, monitor the disposal activities, and inspect the disposal site to assure protection of public health.
- iv. Owners of small backyard poultry flocks not in the quarantine zone established by WSDA can be expected to contact Public Health about their risk from poultry contact and some will ask for advice about voluntary depopulation and disposal of their birds.
- v. Public Health Program and Communications staff will provide information to the public describing the safeguards and legality of the disposal method(s).

F. Cleaning and Disinfection

- i. According to WSDA protocol, cleaning and disinfection of depopulated premises is the primary responsibility of the premise owner, although the owner may be reimbursed by WSDA or USDA for certain expenses.
- ii. WSDA or USDA personnel will monitor and conduct inspections of each phase of cleaning and disinfection, assure compliance with protocols, and will document successful completion of these activities.
- iii. Public Health EHSD and Solid Waste staff will consult with WSDA on disinfection protocols and will assist in advising bird owners who

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are voluntarily conducting disinfection of their premises (i.e., not required by WSDA and not being supervised by WSDA personnel).

G. Food safety advisories

When avian influenza is detected in poultry in the US, and especially if found in King County or elsewhere in the state, there is likely to be a high level of public concern about food safety. For example, even though properly cooked poultry and eggs do not pose a risk for avian influenza transmission, in parts of Europe with outbreaks of avian influenza in early 2006, public consumption of poultry was reported to have dropped by 70%. Of greater concern than commercially-prepared poultry are persons butchering live birds in non-commercial settings, as may be more common in some ethnic communities, because these activities have the potential to result in virus transmission.

- i. Public Health Communications specialists in consultation with the EHSD and Food Safety programs will provide public information on poultry product safety through press releases, web sites and other formats. Information will be provided for non-English speaking persons to the extent possible.
- ii. Public Health educators will help disseminate information to ethnic communities.

H. Prevention education

- i. EHSD staff will use the USDA/APHIS materials from their "Backyard Biosecurity" campaign to educate backyard poultry flocks owners and bird hobbyists on preventing transmission of avian influenza through good sanitation and husbandry practices such as exclusion of wild birds from contact with domestic poultry.
- ii. Outreach through King County feed stores selling poultry food and chicks beginning spring, 2006.
- iii. Provision of Backyard Biosecurity materials to 4-H groups, Seattle Tilth's Chicken 101 and Chicken Coop Design classes, Small Farm Expo attendees, and to exhibitors at the King County Fair.

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5. Human Disease Surveillance for Avian Influenza Transmitted from Birds

A. Surveillance

- i. The Washington State Department of Health (WA DOH) coordinates statewide surveillance activities and operates a CDC Laboratory Response Network public health reference laboratory for novel influenza virus testing.
- ii. The Public Health Communicable Disease Section conducts county-wide surveillance to track the spread of human disease and its impact on the community.
- iii. In the event of highly pathogenic avian influenza in birds in King County, Public Health in collaboration with WA DOH and CDC will conduct surveillance to detect suspected or confirmed cases of avian influenza in humans in addition to continuing other influenza surveillance activities (see Pandemic Influenza Response Plan VIII. Concept of Operations. E. Surveillance).
- iv. Suspected or confirmed cases of avian influenza in humans acquired from birds locally or during travel to other areas will be considered notifiable as a 'Rare Disease of Public Health Significance' (Washington Administrative Code 246-101).
- v. Public Health will use surveillance forms modeled on CDC forms and a database that have been developed specifically for avian influenza for case reporting and investigation purposes.
- vi. Epidemiological characteristics and patterns will be summarized and reported frequently.

B. Information for healthcare providers

- i. Public Health will provide healthcare providers with information on the assessment of exposure, clinical signs and symptoms, diagnosis, treatment, and infection control measures and be asked to immediately report any suspect or confirmed cases to Public Health to facilitate initiation of public health measures.
- ii. Information will be provided via direct consultation, broadcast fax, Epi-Log, listserves, the Public Health web site and other means.

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C. Laboratory testing

- i. Clinical specimens from humans should not be submitted to commercial laboratories for avian influenza testing because, at this time, results will not be interpretable without confirmatory testing at WA Public Health Laboratory (PHL).
- ii. Avian influenza can be identified by RT-PCR at the WA PHL ONLY after reporting a case to Public Health.
- iii. The WA PHL will not accept specimens for testing without prior approval from Public Health.
- iv. Viral culture of specimens from suspected novel influenza cases should be conducted by CDC.

D. Patient management

Healthcare providers should consult with Public Health when avian influenza is suspected and before discharging patients with suspected avian influenza from hospitals.

E. Household contacts

Infection control recommendations will be provided based on the level of clinical suspicion and current CDC guidance. Close contacts of known and suspected avian influenza cases should be monitored for illness and promptly consult with a healthcare provider and public health if symptoms develop.

F. Treatment

Antiviral treatment should generally be initiated as soon as possible for symptomatic persons suspected of having avian influenza infection. In some circumstances, asymptomatic exposed persons may also be treated with antiviral drugs to prevent infection.

G. Isolation and quarantine: See Pandemic Influenza Plan VIII. Concept of Operations H. Social Distancing and I. Isolation and Quarantine.

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6. Protection of the General Public Who May be Exposed to Infected Wild Birds

A. Education and information

Public Health, WA DOH, CDC and other agencies provide up-to-date information on avian influenza for the general public at their web sites and through other publications (See Pandemic Influenza Response Plan VIII. Concept of Operations F. Public Education).

B. General public

The general public will be advised by Public Health – Seattle & King County to avoid touching any dead or live wild birds. In the case of contact, instructions will include washing hands thoroughly with soap and water and avoid rubbing eyes, eating, drinking, or smoking before washing hands.

C. Hunters

Hunters will be advised by Public Health – Seattle & King County to follow routine precautions when handling birds. They will be advised not to handle or eat sick birds, to wear gloves while handling and cleaning birds, to thoroughly wash hands and all knives, equipment and surfaces that come in contact with birds, to cook birds thoroughly (160° F), and to avoid drinking, eating and smoking while handling birds.

D. People handling apparently healthy wild birds

The public will be advised by Public Health – Seattle & King County to work in well-ventilated areas and follow the advice above.

E. Health care

Individuals who are concerned about exposure to avian influenza will be advised by Public Health – Seattle & King County to contact their healthcare provider immediately.

7. Protection of Persons At Risk of Avian Influenza Due to Exposure to Infected Poultry

A. Collaboration and information

- i. In the event of avian influenza in domestic poultry in King County, the Public Health Communicable Disease Section and the Zoonotic Disease Program will work closely with the WA DOH and the WSDA

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to disseminate information and educate persons at risk of exposure, healthcare providers and the general public.

- ii. Information will be communicated via direct consultation, broadcast fax, Epi-Log, listserves, the Public Health web site and other means (See Pandemic Influenza Response Plan VIII. Concept of Operations F. Public Education). This section is based on CDC's Interim Guidance for Protection of Persons Involved in U.S. Avian Influenza Outbreak Disease Control and Eradication Activities, January 14, 2006 (See <http://www.cdc.gov/flu/avian/professional/protect-guid.htm>).

B. Persons at risk

Persons at risk include anyone who is directly exposed to infected poultry, poultry products, contaminated surfaces and equipment, and their household members. Examples include:

- i. Farmers, poultry owners and caretakers.
- ii. Persons involved in disease control and eradication activities such as veterinarians, persons involved in euthanasia, carcass disposal, or cleaning premises affected by avian influenza.
- iii. Household members of above groups.

C. Basic infection control and Personal Protective Equipment

- i. Public Education campaigns will target persons at risk informing them about the importance of strict hand hygiene including washing with soap and water for 15-20 seconds or the use of other standard hand disinfection procedures.
- ii. Educate persons at risk about the correct use, disinfection or disposal of disposable gloves, protective clothing, and disposable shoe covers, safety goggles, and disposable particulate respirators.

D. Vaccination with seasonal influenza vaccine

Unvaccinated individuals will be instructed by Public Health – Seattle & King County to be vaccinated with the current season's influenza vaccine to reduce the possibility that dual infection could occur and result in viral reassortment.

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E. Administration of antiviral drugs for prophylaxis

Prior to a pandemic influenza strain spreading through the human population, individuals who have direct contact with infected poultry or contaminated surfaces should receive influenza antiviral medications.

F. Surveillance and monitoring

At risk individuals will be instructed by Public Health – Seattle & King County to monitor development of symptoms that may indicate influenza for 1 week after last exposure to infected poultry or contaminated surfaces, and to seek health care and notify their medical provider prior to arrival that they may have been exposed to avian influenza. Ill individuals will be directed to isolate themselves at home until 24 hours after resolution of fever and practice good respiratory and hand hygiene to lower the risk of transmission to others.

G. Evaluation of ill persons

Individuals who develop symptoms indicative of influenza should be tested and treated as described under Laboratory Testing above.

8. **Communication**

- A. The Washington State Department of Fish and Wildlife is the lead for surveillance and control of avian influenza in wild birds, and the Washington State Department of Agriculture is the lead for surveillance and control of avian influenza in domestic birds. Particularly before highly pathogenic H5N1 avian influenza arrives in King County, Public Health – Seattle & King County will play a key role for residents of King County with respect to risk communications messaging and public health education regarding health aspects of avian influenza.

It is believed that migrating birds may bring the H5N1 virus to Alaska, and then to Washington via the Pacific Flyway. Active surveillance is currently underway by the US Department of the Interior (Fish and Wildlife Service) in conjunction with the US Department of Agriculture. British Columbia and other parts of Canada also have active surveillance. It is expected that H5N1 avian influenza may be detected in Alaska or British Columbia before it is detected in Washington State or King County. Under this scenario, Public Health – Seattle & King County will have warning that the H5N1 avian influenza virus is nearing Washington state and King County.

- B. In advance of or at the beginning of an avian influenza outbreak among wild or domestic birds in Washington, many people will be confused about

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the relationship between avian influenza and human disease. This confusion may result in increased public and media inquiries. This plan's communication goals are to:

- i. Provide accurate, consistent, and comprehensive information about avian influenza in birds, including infection control options such as backyard biosecurity, distinctions between human and avian influenza, public involvement in surveillance (e.g. reporting dead birds), and avian premise quarantine, bird depopulation and disposal.
- ii. Provide clear and consistent information about PHSKC's role and responsibilities during an avian influenza outbreak in birds.
- iii. Address rumors, inaccuracies, and misperceptions as quickly as possible.

C. Communications activities:

Prior to an avian influenza outbreak in birds, the Communications Section will:

- i. Conduct ongoing assessment of residents' information needs including the general public, health care providers, and persons with enhanced interactions with birds, (backyard poultry owners, hunters, bird watchers, bird clubs, etc.).
- ii. Identify any logistical constraints to effective communications, such as communications staffing and equipment needs, and public information call center staffing and capacity.
- iii. Support the Environmental Health Zoonotic Disease group and other PHSKC workgroups by supplying messaging for the website and public information materials, coordinating media responses, and coordinating with the Communications sections of other relevant agencies (Washington DOH, other local health jurisdictions, WSDA, Washington Fish and Wildlife).
- iv. Coordinate with workgroups that are in place specifically to address the needs of vulnerable populations during a pandemic, (e.g. the Vulnerable Populations Action Team) in order to ensure that non English speaking audiences are receiving relevant and useful information.

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During an H5N1 avian influenza outbreak in King County, Communications will:

- i. Provide the services listed above; and
- ii. Provide enhanced services potentially including Public Health Call Center coordination, information dissemination through newspaper editorials, flyers, bill boards, television and radio broadcasts, press conference materials, and through coordination with community based organizations and partners.
- iii. Staff and support Emergency Operations and Joint Information Center(s)

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Attachment 11

Influenza Recovery Center for Homeless Persons Protocol

I. Introduction

The Seattle-King County Coalition for the Homeless estimates that 8,300 people are experiencing homelessness on any given night in Seattle and King County. Influenza can seriously impact the health of an individual experiencing homelessness. Further, a lack of stable shelter can present barriers to receiving medical care, resting and recuperating, or storing medications. In addition, the presence of individuals displaying influenza-like symptoms in settings serving the homeless can increase the spread of disease among these vulnerable individuals. Homeless shelters, commonly at capacity every night, are challenged to provide care and a recuperative environment for clients displaying flu symptoms. When activated, this protocol can assist with mitigating these challenges.

When influenza is circulating in King County, cooperation and collaboration between homeless service provider organizations, as circumstances permit, on various operational issues, will help King County provide the best possible care and service to individuals experiencing homelessness displaying influenza-like symptoms, and to reduce the transmission of influenza in shelters and other settings serving the homeless, and in the larger community.

This Attachment to the Public Health Seattle & King County Pandemic Influenza Response Plan documents the protocol for implementation of one or two Flu Recovery Shelters to care for homeless individuals displaying influenza-like symptoms when the capacity of general population shelters has been exceeded.

II. Definitions

The following terms shall mean:

- **General Population Shelter**: A licensed facility providing short-term temporary shelter in a congregate setting to individuals experiencing homelessness.
- **Influenza**: also called Flu. A highly contagious viral infection of the respiratory tract (nose, throat and lungs). The flu virus tends to spread from November to April, with most cases occurring between December and March. The flu is often confused with the common cold, but flu symptoms tend to develop quickly and are usually more severe than the typical sneezing and congestion associated with a cold. Pneumonia is the most common complication in high-risk groups.
- **Influenza-like Symptoms**: Symptoms that frequently accompany a viral influenza infection, including fever, Headache, Extreme tiredness, Dry cough, Sore throat, Runny or stuffy nose, or Muscle aches. Nausea, vomiting and diarrhea are also common symptoms in children.

- Referring Provider: PHSKC or any homeless service provider who transfers care of a symptomatic client to a participant in this protocol.
- Receiving Provider: A participant in this protocol who has the ability and capacity to provide services to a symptomatic client, and receives a formal referral for that client by PHSKC or another homeless service provider.
- Site Agreement: A memorandum of understanding between the owner/operator of the facility hosting the Tier 2 or Tier 3 shelter and the operating organizations (Compass Housing Alliance and Catholic Community Services).
- Symptomatic Clients: Individuals experiencing homelessness who display influenza-like symptoms, or who have confirmed influenza, who are seeking services including temporary shelter. These individuals may be existing current clients of participants in this protocol, or new individuals seeking services.
- Tier 1 Shelter: An existing shelter which commits to continuing to serve clients who frequent the specific shelter routinely, take others as space permits, isolate ill people from well people, and accommodate ill people so that they can recover. Night-only or day centers will adjust the shelter to accommodate ill people throughout the day when possible. Additional staff & supplies will be needed to appropriately care for ill people and protect well people from the virus.
- Tier 2 Shelter: Flu Recovery Site established when Tier 1 shelter capacity is reached and 25 ill individuals require shelter. A flu recovery shelter will serve both men and women with appropriate divisions for privacy and safety.
- Tier 3 Shelter: Expanded Tier 2 Shelter with increased staffing to accommodate an increased number of ill. Staff will be added or subtracted as needed to maintain an ideal ratio of 3 staff/shift to serve 50 individuals.

III. Purpose

Compass Housing Alliance, Catholic Community Services and Public Health-Seattle & King County desire to have a protocol to establish one or two Flu Recovery Centers if needed when flu is circulating in the community in order to provide services to symptomatic clients and reduce the spread of disease. Other homeless service provider organizations may choose to participate in this protocol.

The purpose of this protocol is to define the responsibilities of the participants and establish a mechanism whereby:

- Symptomatic clients can be referred by a referring provider to a receiving provider more able to meet the symptomatic client's needs.
- Compass Housing Alliance, Catholic Community Services and Public Health-Seattle & King County, will activate up to two shelters to provide supportive medical care and a restorative environment to symptomatic clients ("flu recovery shelter"), thereby reducing the risk of influenza transmission in general population shelters. The shelters will operate under the joint oversight and management of Compass Housing Alliance and Catholic Community Services.

- Each shelter will have the capacity to serve 25 ill individuals who require shelter and will be located in two separate locations in King County. The shelters will serve both men and women with appropriate divisions for privacy and safety. If conditions warrant the opening of only one site, the participants will work together to open one flu recovery center.
- The participants will coordinate on timing the opening of the flu recovery shelter and will work together to identify an appropriate site.
- Public Health nurses from the Healthcare for the Homeless Network will contribute nursing time to enhance technical, health and safety support of the flu recovery shelter.

IV. Participants

Catholic Community Services, a 501(c)(3) organization (formerly known as the Archdiocesan Housing Authority) of Western Washington and with the Archbishop of Seattle, affiliated with Sisters of Providence, serves and supports poor and vulnerable individuals, children, families, and communities struggling with poverty and the effects of intolerance and racism through the provision of quality, integrated services and housing.

Compass Housing Alliance a 501(c)(3) organization (formerly known as the Compass Center) provides a wide range of services and housing options for homeless and low-income individuals and families in the Puget Sound region.

Additional 501(c)(3) organizations that provide services to homeless residents may choose to participate in this protocol.

Public Health – Seattle & King County:

- Public Health's **Health Care for the Homeless Network** provides quality, comprehensive health care for people experiencing homelessness in King County and provides leadership to help change the conditions that deprive our neighbors of home and health.
- Public Health's **Preparedness Section** anticipates and responds to the public health consequences of local emergencies.

V. Activation of Protocol

In response to an influenza pandemic that warrants activation of King County's Health and Medical Pandemic Flu Response Plan, the participants agree to activate this protocol by the following process:

- A homeless service provider who is a participant in this protocol contacts the King County Health and Medical Area Command Center at 206-XXX-XXXX to request its activation.
- The Health and Medical Area Command Center will initiate a conference call with all participants in this protocol and receive unanimous consensus to activate the protocol.

VI. Responsibilities of Each Party

Catholic Community Services and Compass Housing Alliance, and any other homeless service provider who chooses to participate in this protocol:

1. Each agency will maintain responsibility for ensuring shelter and care services for its own symptomatic clients when influenza is circulating in the community.
2. Each agency will report its service capacity and requests for assistance to the area command center daily, and more frequently as indicated or requested.
3. Each agency will accept and provide services to symptomatic clients referred by other homeless service providers, contingent upon availability of staff and resources.
4. Each agency will participate in conference calls convened by PHSKC to discuss the need to activate or operations under this protocol.
5. Each agency will contribute staff to assist with the setup and care of symptomatic clients at a flu recovery shelter operating under the joint oversight and management of Compass Housing Alliance and Catholic Community Services, when activated by mutual concurrence between the participants in this protocol.
6. Each agency will provide discharge planning for clients discharged from the flu recovery shelter, whether returning to the community or transferring to a new source of care.
7. Each agency will assume responsibility for distribution and re-supply of flu recovery shelter supplies as supplies are available.
8. Each agency will contribute to the development and implementation of a “just-in-time” flu recovery shelter operations training program for staff and volunteers.
9. Each agency shall maintain responsibility for its own staff when this protocol is activated.
10. Compass Housing Alliance and Catholic Community Services will assure availability and maintenance of Tier 2 or Tier 3 facility is in accordance with the site agreement.
11. In the event one or more participants in this protocol is overwhelmed and can not meet the needs of their patients due to absence of staff, inaccessibility or lack of resources, other participants in this protocol may be assigned responsibility for those symptomatic clients who, otherwise, would not receive care.

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1. Manage public information activities.
2. Facilitate activation of this protocol and notify homeless service providers, local offices of emergency management, and other affected partners regarding activation of this protocol.
3. Convene conference calls between all participants to discuss the need to activate or operations under this protocol.
4. Interface with the office of emergency management in the targeted jurisdiction to identify and arrange availability of a suitable site for the flu recovery shelter; and establish a plan for non-medical support to the facility, when indicated.
5. Facilitate development and signing of a site agreement with the facility hosting the flu recovery shelter.
6. Provide instructions for setup of facilities.
7. Provide support of shelter operations with technical assistance from Health Care for the Homeless.
8. Monitor capacity among homeless service providers who are participants in this protocol and refer newly symptomatic clients to participating agencies as capacity permits.
9. Provide medical supplies for the flu recovery shelter from regional caches, as resources allow including personal protective equipment (PPE) for staff,
10. Provide information and technical assistance to participants in this protocol or agencies supporting operations of the flu recovery shelter, when indicated.

VII. Cost and Payment

Activation and operation of one or more shelters by homeless provider organizations under this protocol is contingent on the availability of resources to support the organization's response costs. Public Health will assist homeless provider organizations in identifying available resources during a response to cover services and anticipated costs.

Each time a flu recovery shelter is activated, participants will negotiate an agreement for sharing the shelter operating costs and providing staffing at the shelter. The agreement will include provisions for each participant to maintain documentation of services provided and costs incurred and ensure that the amount and quality of all documentation is adequate to enable available disaster reimbursement.